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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GENERAL CREI	DIT REPAIR INC			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	XIOMER NAVARRO				
		Name of Contact Perso	n		
	GENERAL CREDIT REPAIR INC				
		Firm/ Company			
	405 E 41ST ST SUITE F2				
	HIALEAH, FLORIDA 3301	Address			
	TORIDA 3301		<del></del>		
		City/ State and Zip Cod	le .		
	MYTAXESMULTISERVIC				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
NUIMER NAVARRO		305	586-2852		
Name o	f Contact Person	at ( 305 ) 586-2852  Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

(Name of Corporation as carren	tly filed with the Florida Dept. of State)
<u> </u>	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EL CONTADOR MULTISERVICES INC	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE 4 STREET ADDRESS</u> )	N/A
(Frincipal office address <u>SPOST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida st)	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	<ul> <li>with and accept the obligations of the position.</li> </ul>
Signature of New R	egistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			•
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5/ Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			

(Altaen adainonal sheel	s. if necessary),	(Be specific)	nge(s) here:			
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E. If an amandmant near	idae for an ab.			n c.		
F. If an amendment prov provisions for implem (if not applicable,	enting the amen	dment if not o	contained in the	enation of issue amendment its	<u>d shares,</u> elf:	
(if not applicable, .	indicate N/A)					
		<del>-</del>	<del></del> -	<u> </u>		
<del></del>		<u></u>		<del></del>		
		<del>_</del>				
						<del></del>

The date of each amendment(s): date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by 2		
	(voting group)	
07/10/202( Dated		
selecte	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	XIOMER NAVARRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	