

P19 000073879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

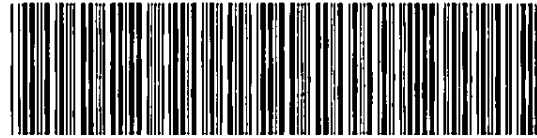
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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162-123332



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2023

NICODINE PAUL
2001 PALM BEACH LAKE BLVD.
SUITE 300B
WEST PALM BEACH, FL 33409

SUBJECT: PRIME TAX REFUND, INC
Ref. Number: P19000073879

We have received your document for PRIME TAX REFUND, INC and check(s) totaling \$60.00. However, your check(s) and document are being returned for the following:

PLEASE ADD A CORPORATE SUFFIX TO THE NEW NAME. PLEASE LIST A TITLE FOR EACH PERSON LISTED ON PAGE 2 OF THE DOCUMENT. PLEASE CHECK THE SECOND BOX UNDER THE ADOPTION OF AMENDMENTS ON THE LAST PAGE OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 823A00002598

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Prime TAX Refund Inc
DOCUMENT NUMBER: 8900002879

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicodhia Laplante
Name of Contact Person
Prime TAX Refund Inc
Firm/ Company
2001 Palm Beach Lakes Blvd Ste 300 B
Address
West Palm Beach, FL 33409
City/ State and Zip Code
Primetaxrefundinc@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicodhia Laplante at (561) 404 3519
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
to
Articles of Incorporation
of

FILED
2023 APR -7 PM 3:21
SECRETARY OF
TALLAHASSEE

Prime Tax Refund, Inc

(Name of Corporation as currently filed with the Florida Department of State)

P19020073879

OR

W21000123382

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Prime Tax Refund & Immigration Services Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2001 Palm Beach Lakes Blvd
Ste 300 B, West Palm Beach, FL 33409

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2001 Palm Beach Lakes Blvd
Ste 300 B
West Palm Beach, FL 33409

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Nicodhia Laplante
611 62nd way West Palm Beach FL 33409
(Florida street address)

New Registered Office Address:

West Palm Beach, Florida FL 33409
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Laplante Nicodhia
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add
☒ Remove

~~CEO~~ Nicodhia Paul

6211 Grand way
West Palm Beach FL 33409

2) ☐ Change

☒ Add

CEO Nicodhia Laplante

6211 Grand way
West Palm Beach FL

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☒ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated 1/19/2023

Signature

Laplatk Miodnia CEO Gregory Laplatk VP
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gregory Laplatk VP Miodnia Laplatk CEO
(Typed or printed name of person signing)

President: Miodnia Laplatk
(Title of person signing)