P19000035218

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nai | me) |
| (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | _ | |
| 7 | No 21 By | |

Office Use Only



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FILED
2021 NOV -2 AM 8: 54
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: BEST TRIM SERV | /ICES INC | |
|--|--|--|---|
| | UMBER: P19000085218 | | |
| | cles of Amendment and fee are su | bmitted for filing. | |
| Please return all c | orrespondence concerning this ma | tter to the following: | |
| | MARTHA CHAVES | | |
| | | Name of Contact Person | 1 |
| | RAPID TAX SOLUTIONS A | AND MORE CORP | |
| | | Firm/ Company | |
| | 2820 MICHIGAN AVE STE | , - | |
| | | Address | |
| | KISSIMMEE, FL 34744 | | |
| | | City/ State and Zip Code | ; |
| | RAPIDTAXFL@OUTLOOK | LCOM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further inforn | nation concerning this matter, pleas | se call: | |
| MARTHA СНА | VES | at (⁴⁰⁷ | de & Daytime Telephone Number |
| Name of Contact Person | | Area Coo | de & Daytime Telephone Number |
| Enclosed is a che | ck for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fo | ce ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 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 | | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BEST TRIM SERVICES INC

2021 NOV -2 AM 8: 54

| (Name | of Corporation as current | lly filed with the Florida Dept. of | STATE |
|--|-------------------------------|-------------------------------------|---|
| L19000085218 | TALLAHASSEE, FLORO | | |
| | (Document Number of | of Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | .1006. Florida Statutes, this | . Florida Profit Corporation adopts | the following amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| N/A | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association," | Corp," "Inc," or "Co". | A professional corporation name | he abbreviation "Corp.," |
| B. Enter new principal office address, | if annlicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl | icable: | N/A | |
| (Mailing address MAY BE A POST | OFFICE BOX) | | |
| | | <u></u> . | |
| | | | |
| | | | |
| D. If amending the registered agent ar new registered agent and/or the new | | | <u>f the</u> |
| | MIGUEL A. MUNOZ | <u></u> | |
| <u>Name of New Registered Agent</u> | 1790 DADTIN TCDD 470 | | |
| | 1780 PARTIN TERRACI | | |
| New Registered Office Address: | KISSIMMEE | treet address) | 34744 |
| | | | orida <u>" (Zip Code)</u> (Zip Code) |
| | | (Ciris) | (Lip Chuc) |
| | | | |
| New Registered Agent's Signature, if c | | | |
| I hereby accept the appointment as regist | tered agent. I am familiar | with and accept the obligations of | the position. |
| , | 1 | | |
| \mathcal{A} | Taxi les | 2 | |
| | Signature of New | Registered Agent, if changing | |
| Check if applicable | <u> </u> | | |

☐ 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.

| X Change | PT John | Doe | |
|----------------------------|------------------------|------------------------|------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | P | MIGUEL A. MUNOZ | 1780 PARTIN TERRACE RD |
| X Add | | | KISSIMMEE, FL 34744 |
| Remove | | | |
| 2) X Change | VP | MAURO M. VASQUEZ MUNOZ | 1780 PARTIN TERRACE RD |
| Add | | | KISSIMMEE, FL 34744 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | (Be specific) |
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| an amendment provides for an exc | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself: |
| f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself: |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself: |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, seendment if not contained in the amendment itself: |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself: |
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| provisions for implementing the am | change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself: |

| The date of each amendment(s) ad | option: | , if other than the |
|---|--|---|
| date this document was signed. | 1/2021 | |
| 10/2. Effective date <u>if applicable</u> : | 2/2021 | |
| | (no more than 90 d | ays after amendment file date) |
| Note: If the date inserted in this bl document's effective date on the De | ock does not meet the applicab partment of State's records. | le statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were ado action was not required. | pted by the incorporators, or boa | ard of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | | umber of votes east for the amendment(s) |
| The amendment(s) was/were app must be separately provided for | roved by the shareholders througe each voting group entitled to vo | gh voting groups. The following statement te separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were | sufficient for approval |
| MAURO MIGUEL V | ASQUEZ MUNOZ | |
| by | (voting group) | |
| 10/22/2021 Dated | | |
| Signature | Mans_ | |
| (By a diselected | rector, president or other officer | - if directors or officers have not been nands of a receiver, trustee, or other court |
| | MAURO M. VASQUEZ MUN | OZ |
| | (Typed or printed na | me of person signing) |
| | PRESIDENT | |
| | (Title of person sign | ing) |