P190000 91120

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SS TAX RELIEF I	NC	
	ивек: P19000091120		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	STACY SAND		
		Name of Contact Person	1
	SS TAX RELIEF INC		
		Firm/ Company	
	6538 COLLINS AVE STE 4	29	
		Address	
	MIAMI BEACH, FL 33141		
		City/ State and Zip Code	2
ст	ACVOS ANDODA COM		
	ACY@SANDCPA.COM	sed for future annual report	notification)
	is-man address. (to be di	sed for fature annual report	notification)
For further informat	tion concerning this matter, plea	se call:	
STACY SAND		at (305	861-6653 X1
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 C	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

SS TAX RELIEF INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000091120 (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: BH TAX RELIEF INC 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) , Florida New Registered Office Address: (Zip Code) (City)

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.

Signature of New Registered Agent, if changing

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 PT John Doe V X Remove Mike Jones X Add SVSally Smith **Address** Type of Action Title Name (Check One) 1) ____ Change Add Remove Change ____ Add ____ Remove 3) ____ Change ____ Add Remove 4) ___ Change ____ Add Remove 5) ____ Change Add ____ Remove 6) ____ Change ___ Add Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here:

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

provisions for implement (if not applicable, in	Pag t(s) adoption:	ge 3 of 4	
provisions for implement	dicate N/A)		
provisions for implement	nting the amendment if not condicate N/A)	tained in the amendment itself:	
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provisions for implement	ting the amendment if not con- licate N/A)	tained in the amendment itself:	
F. If an amendment provid	es for an exchange, reclassificat	tion, or cancellation of issued shares	ط
			
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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 ado by the shareholders was/were su	-	umber of votes cast for the amendment(s)
		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
by	(voting group)	33
	(voting group)	
action was not required. The amendment(s) was/were add action was not required. Dated 12/30/19	pted by the incorporators withou	ithout shareholder action and shareholder It shareholder action and shareholder
selected	rector, president or other officer d, by an incorporator – if in the h ed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court
	(Typed or printed nar Presence (Title of person signing)	ne of person signing)
	(Title of person signing)	