## 120000030899

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JAN U.U.S.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALVIDAL RACIN	IG STABLE CO	RP		
	BER: P20000030899				
The enclosed Articles	of Amendment and fee are su	bmitted for filing	g.		
lease return all corre	spondence concerning this ma	tter to the follow	ing:		
	LUIS R. SMITH				
		Name of Con	tact Person	1	
	TAXES USA LLC				
		Firm/ Co	mpany		
	5892 STIRLING RD # 4				
		Addr	ess		
	HOLLYWOOD, FL 33021				
		City/ State an	d Zip Code	2	
	INFO@TAXESUSAMIAMI.COM				
	E-mail address: (to be us	sed for future and	nual report	notification)	
For further informatio	n concerning this matter, pleas	se call:			
LUIS R. SMITH		at (	05	470-2429	
Name	of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Fl	lorida Depa	artment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fec & Certificate of Status	S43.75 Filis Certified Co (Additional of enclosed)	рру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	eling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

## Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P20000030899		
(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	g amendment(
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviatio professional corporation name must contain	on "Corp.," n the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T-1
		<u>ව</u>
		P: :
<ol> <li>If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:</li> </ol>		
Name of New Registered Agent		වැ
(Florida stre	et address)	•
New Registered Office Address:	. Florida	
	(Zip C	Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	-
C ·		
Check if applicable	a) F.C	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	e), r.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	<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	P	ARTURO E. VIDAL	419 N FEDERAL HWY # 409
Add	<del></del>		HALLANDALE BEACH, FL 3300
X Remove 2) Change	P	AMADOR SANCHEZ	419 N FEDERAL HWY # 409
X Add			HALLANDALE BEACH, FL 3300
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additiona	dding additional Articles sheets, if necessary). (i	Be specific)	<del></del>		
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ran amenomen provisions for i	t provides for an exchan mplementing the amend	ge, reclassification	ined in the amen	dment itself:	
(if not appli	cable, indicate N/A)			<del> </del>	
			· · · · · · · · · · · · · · · · · · ·		<del></del> .
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· · · · · · · · · · · · · · · · · · ·					

The date of each amendment(s) a	doption:	, 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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ade action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
` '	proved by the shareholders through voting groups. The following st 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)	
10/27/2020 Dated Signature	on his	
(By a d	irector, president or other officer - if directors or officers have not l	
	<ul> <li>d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)</li> </ul>	court
-FF-	AMADOR SANCHEZ	
	(Typed or printed name of person signing)	······
	PRESIDENT	
	(Title of person signing)	