## P20000044037

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	' <u>-</u>	.Y CORP	<u></u>		
DOCUMENT NUMB	BER: P20000044037				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	ALFREDO MERCADO				
		Name of Contact Persor	1		
	PRIME TAX SOLUTIONS LLC				
	Firm/ Company				
	50 N LAURA ST STE 2500				
	Address				
	JACKSONVILLE, FL 32202				
		City/ State and Zip Code	2		
	FREDO@PRIMETAXJAX.C	COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas		729-0372		
Name (	of Contact Person	at ( <u>904</u>	de & Daytime Telephone Number		
	r the following amount made				
■ \$35 Filing Fee	☐S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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## Articles of Amendment to Articles of Incorporation of

TI	ΙE	NEV	VF.	AM.	ILY	' CO	RF	)

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000044037	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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	A professional corporation name must contain the word
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)	4185 WEST HIGHWAY 40
	OCALA, FL 34482
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ess:
Name of New Registered Agent	25
	in the second se
(Florida :	street address)
New Registered Office Address:	. Florida 75
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia.	
Signature of New	Registered Agent, if changing
,	and the state of t
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)

Remove

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 X Remove Mike Jones $X \land Add$ SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) VΡ **EMNIZZA LOPEZ** 4185 WEST HIGHWAY 40 1) X Change OCALA, FL 34482 \_\_ Add Remove TEOFILO L LOPEZ 4185 WEST HIGHWAY 40 Change OCALA, FL 34482 Add \_ Remove 3) \_\_\_\_ Change Add \_\_\_ Remove 4) \_\_\_\_ Change $\Delta$ Add Remove 5) \_\_\_\_ Change \_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add

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	(Be specific)	
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f an amendment provides for an exc	thange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	

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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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following sumust 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	
by"  (voting group)	
JUNE 16, 2023 Dated	
Signature Emni 729 WP7	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
EMNIZZA LOPEZ	
(Typed or printed name of person signing)	., 69
VICE-PRESIDENT	

(Title of person signing)

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