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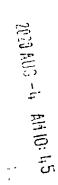
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Qualit	y Tax	Serv	ices In	1
DOCUMENT NUMBER:	P20000	0456	20		
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing			
Please return all correspondence c	_		_		
	Stev	re Gil	bert		
	Qui	Name of Cont	act Person	Services	Inc
	85	Firm/ Con Dee/ Du	npany H V	Drive	
	010	Alldro Smar	iss FL	Services Drive 3467	7
	1.1	City/ State and	d Zip Code		
	Sagilber	v+40 r	459-(om	
E-mail	address: (to be use	ed for future ann	ual report r	notification)	
For further information concerning	g this matter, pleas	e call:			
Steve ailse	+	at (503	720 - 3 e & Daytime Tele	3904
Name of Contact P	erson		Area Cod	e & Daytime Tele	phone Number
Enclosed is a check for the follow	ing amount made p	payable to the Flo	orida Depai	rtment of State:	
	.75 Filing Fee & ificate of Status	S43.75 Filin Certified Coj (Additional coenclosed)	ру	□\$52.50 Filing Certificate of S Certified Copy (Additional Co is enclosed)	Status
Mailing Address Amendment Section			Street A	Address ment Section	
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallabassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Quality Tax Services Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
(Document Number of Corporation (II known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendatis Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
Clix 360 Inc	'\ L '
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 wo "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	•
Trincipal diffice address <u>frost bit a struct Andress</u>)	
	7 1
C. Enter remarkling address if applicables	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
<u></u>	3
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)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
l 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	
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)

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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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/4)	f 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)	(Attach additional si	ling additional Articles, enter change(s) here: heets, if necessary). (Be specific)
f 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)	f 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)		
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The date of each amendment(s) adoption:	07-27-2020	, if other than the
date this document was signed. Effective date if applicable:	07-27-2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, the f State's records.	his date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amenda approval.	ment(s)
	ne shareholders through voting groups. The following st g group entitled to vote separately on the amendment(s).	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by(voi		
(voi	ting group)	
Dated07-3	0-2020 Kn-	
Signature	Min	
(By a director, pres selected, by an inco	sident or other officer – if directors or officers have not orporator – if in the hands of a receiver, trustee, or other by that fiduciary)	
	Steve albert	
- 	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	