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COVER LETTER

TO: Amendment Section Division of Corporations	•
NAME OF CORPORATION: Prame	orgalbrobtax & Sorvices Cor
DOCUMENT NUMBER: 1 2 0000	001312
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Maria	Teresa Pa3 Name of Contact Person
1 \ \	Name of Contact Person Jallardo TAX & Socricos Corp Firm/ Company
722 Ps.	trick Street Suite 208
Kissimm	Address 66, Florida 34741 City/ State and Zip Code
Patex Solv E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Maria Poz Name of Contact Person	at (407) 7850880 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to
Articles of Incorporation

\mathbb{P}_{2}	of	<i>(</i>	~
TRambrallar	do tax R	SOLVICES COK	<u> </u>
		y filed with the Florida Dept. of Sta	<u>te</u>)
P2000067°			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain to "Inc" or Co.," or the designation "Co."	orp," "Inc," or "Co". A		
"chartered," "professional association," of B. Enter new principal office address, if	f applicable:	722 Patrici	x otroct
(Principal office address <u>MUST BE A ST</u>	<u>'REET ADDRESS</u>)	Suite 208	
		Kissimmes, FL	enda 34741
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		722 Patrick	tract
		Suite 208 Kiss	demmb6
		Florida 34	741
D. If amending the registered agent and new registered agent and/or the new		: 2	<u>1e</u>
Name of New Registered Agent	Maria -	Var	
-	722 Path	2i CIC STIPLET SU	1.1e 208
	Kissimm	· · · · · · · · · · · · · · · · · · ·	a 34741
New Registered Office Address:		(City)	Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent	:	
I hereby accept the appointment as registe			position DC
	X	fria TPg.	<u></u>
	· · · · · · · · · · · · · · · · · · ·	egistered Agent, if changing	<u></u>
Check if applicable			
☐ The amendment(s) is/are being filed pu	rsuant to s. 607.0120 (11)	(e), F.S.	5

address of each Office (Attach additional shee Please note the officer/A P = President; V = Vic Executive Officer; CFO President, Treasurer, L Changes should be note	er and/or Director be ts, if necessary) director title by the fi- e President; T= Trea) = Chief Financial O Director would be PTI ed in the following ma eaves the corporation	eing added: rst letter of the office title: surer; S= Secretary; D= Director; TR- officer. If an officer/director holds more D. anner. Currently John Doe is listed as 1, Sally Smith is named the V and S. The	eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	PT John Do	2	
X Remove	V Mike Jon	nes	
X Add	SV Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name A	Address
1)Change	AMBR	Mora Armpo	722 Patrick Street Suite 208, Kissimme
Add Remove	Amzo	Maria torusa P	Florida 34741
2) Change	· · · · · ·	, , , , , , , , , , , , , , , , , , , ,	Suito 2008, Kissimmor
Remove 3) Change			toorisa 34741
Add			
Remove			
4) Change			

_____ Add

5) ____ Change

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6) ____ Change

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tach a	ditional si	heets if nece	essary). (Be	enter change(s specific)				
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an am	<u>endment r</u>	<u>provides for</u>	<u>an exchange</u>	, reclassificati	on, or cance	<u>llation of issue</u>	d shares,	
COVISION (CC	ot applica	plementing ble, indicate	the amendme	ent it not conta	ained in the	amendment its	eli:	
(i)	ю арриса	ore, marcare	· 1021)				•	
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The date of each amendment(s) ad date this document was signed.	option: 10 05 2	2020	, if other than the
Effective date <u>if applicable</u> :	(1 00 1		
	(no more than 90 days af	ter amendment file date)	
Note: If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable state partment of State's records.	tutory filing requirements, the	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of	directors without shareholde	τ action and shareholder
the amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number ficient for approval.	r of votes east for the amend	ment(s)
	roved by the shareholders through vot each voting group entitled to vote sepa		
"The number of votes cast f by Adr6a	(voting group)	ient for approval	
Dated	05/2020		
Si	- Aucatorial	1. MariaT.	Paz
Signature (By a die	rector, president or other officer – if d	irectors or officers have not	been
selected	, by an incorporator - if in the hands of		
appointe	d fiduciary by that fiduciary)		
_	Andrea Arria	M MARIA	T.Pn2
	(Typed or printed name of	person signing)	•
	AmBR	AMBR	-
_	(Title of person signing)		