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TALL AHASSEE, FL

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TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: 441 SMOKE SH	OP INC	
DOCUMENT NU	MBER: P20000071235		
	les of Amendment and fee are s	ubmitted for filing.	
Please return all co	rrespondence concerning this m	atter to the following:	
	ANTIONETTE REYES		
		Name of Contact Perso	on .
	ARIES INCOME TAX PRE	PARATION, INC.	
		Firm/ Company	
	8000 S ORANGE AVENUE	SUITE 103	
		Address	
	ORLANDO, FLORIDA 328	09	
		City/ State and Zip Cod	le
	SREYES8593@GMAIL.CO	M	
	E-mail address: (to be u	sed for future annual report	notification)
For further informat	tion concerning this matter, plea	se call: at (407	802-4615
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fec & 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)
	ailing Address	Street	Address ment Section

Articles of Amendment to Articles of Incorporation of

	(Document Numb	ber of Corporation (if kno	own)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	this Florida Profit Corp.	oration adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation	<u>n:</u>	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain" "chartered." "professional association,	Corp, " "Inc," or "Co"	". A professional corpo	The new porated" or the abbreviation "Corp.," pration name must contain the word
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		(O B)
C. Enter new mailing address, if appl (Mailing address MAY BE A POST D. If amending the registered agent as	OFFICE BOX)	address in Florida, ente	TALLAHASSEE, FI
new registered agent and/or the new	w registered office add	ress:	t the halbe of the
Name of New Registered Agent	CARLOS CINTRON		
	6434 E COLONIAL D	PRIVE STE B	
	(Florid	la street address)	
New Registered Office Address:	ORLANDO		. Florida 32812
		(City)	(Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist	hanging Registered Agered agent. I am famili	eent: iar with and accept the o	bligations of the position.

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	\underline{v}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	. -	IRMA PASSALACQUA	2901 E COLONIAL DRIVE STE I
Add			ORLANDO, FLORIDA 32812
X Remove			
2) Change	<u> </u>	CARLOS CINTRON	6434 E COLONIAL DRIVE STE E
X Add			ORLANDO, FL:ORIDA 32812
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here:
(mach duamonal sheets, if necessary).	(Be specific)
-	
S	
provisions for implementing the amend	nge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
,	

The date of each amendment(s) adoption: 10-21-2024	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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	
(voting group)	
Signature (By a director, president or other officer – if affectors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
IRMA PASSALACQUA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	