P21000045747

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2022 HAY -6 AM 7: 05

A. BUTLER JUN 28 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: PHOENIXLS INC		
DOCUMENT NUMBE	D21000045747		
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Al	RIANNA CARRINGTON-I	HOOKER	
_		Name of Contact Person	
15	NOVATIVE TAX SOLUT	IONS OF CENTRAL FLO	RIDA INC
		Firm/ Company	
16	78 E SILVER STAR RD		
_	·	Address	
O	COEE FL 34761		
		City/ State and Zip Code	
18	IFO@ITSCFL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	oncerning this matter, pleas	a call:	
For further information c	oncerning this matter, pieas	c can.	
ARIANNA CARRINGT	ON-HOOKER	at (499-2967
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a cheek for t	he following amount made p	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

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PHOENIXLS INC		2022 MAY -6 AM 7: 05		
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
P21000045747	GEORETANY OF STATE TALLAHASSEE, FI			
-	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new na	ame of the corporation:			
		The new		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,	if annlicable:	348 WESTYN BAY BLVD		
(Principal office address MUST BE A S		OCOEE FL 34761		
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		348 WESTYN BAY BLVD		
		OCOEE FL 34761		
D. If amending the registered agent ar				
new registered agent and/or the new		<u>SS:</u> LUTIONS OF CENTRAL FLORIDA INC		
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·		
	1678 SILVER STAR RE	· · · · · · · · · · · · · · · · · · ·		
	OCOEE	treet address) 34761		
New Registered Office Address:		, Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Ager	<u>nt:</u>		
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.		
		4		
	Signature of New	Registered Agent, if changing		
-	Cop. Man			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example: 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	D	JORDAN LEWIS	2150 WOODBRIDGE RD
Add			LONGWOOD FL 32779
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

Attach additional	dding additional Art sheets, if necessary).	(Be specific)	Ectol nets.		
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nan amenumen	provides for an exc nplementing the am	nange, reciassin	cation, or cancer	mandmant itself	iares,
(if not appli	rable, indicate N/A)	endment if not t	ontamed in the a	imenament usen.	
(у посырун	unic, marcare 10.17				
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					 .
					

The date of each amendment(s) ac	MAY 2, 2022	, if other than the
date this document was signed.	Y 2, 2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the fficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
MAY 2, 20)??	
Dated		
Signature	Child	
selecte	frector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted ted fiduciary by that fiduciary)	
	CHARLES LEWIS JR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	