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(((H22000053543 3)))



H220000535433ABCY

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX S PRO CORP

Account Number: 120200000147 Phone : (786)307-2733

Fax Number : (954)420-7118

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

INFO@TAXSPRO.COM

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **ULTIMATUM CORP**

Certificate of Status	0
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TO: Amendment Section

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COVER LETTER

Division of Corpo	orations					
NAME OF CORPOR	ATION: ULTIMATUM CO)RP				
DOCUMENT NUMB						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	ANWAR I PUELLO					
·	<u>-</u>	Name of Contact Person	0			
	TAX S PRO CORP					
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		City/ State and Zip Cod	e ·			
	INFO@TAXSPRO.COM					
•	E-mail address: (10 be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
ANWAR I PUELLO		at (⁷⁸⁶) 307-2733 de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ing Address		<u>Address</u>			
	ndment Section Sion of Corporations	Amendment Section				
	Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			N. Monroe Street, Suite 810			
			issee, FL 32303			

Fo: +18506176380

Articles of Amendment Articles of Incorporation of

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

To: +18506176380

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 necessory)

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	mendoza Edgard, Jonathan	77 E 4TH ST APT 210
Add X Remove			HIALEAH, FL 33010
Remove 2) Change	P	MENDOZA , EDGARD J	77 E 4th ST , APT 210
X Add			HIALEAH, FL 33010
Remove Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
EIN # 88-0528230	(se specyle)		
11N # 88-U32823U	· · · · · · · · · · · · · · · · · · ·		
 			
·			
 			
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. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame	endment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
	,		

From: +19544207118 (TAX S PRO)

	02/09/2022	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days aft	er amendment jile date)
Note: If the date inserted in this be document's effective date on the De		story filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number officient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through voting each voiling group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficie	nt for approval
by		<u>,</u>
	(voting group)	
0.7.00.00.00	_	
02/09/2022 Dated		
	lan!	
Signature		
selected	rector, president or other officer — if din l, by an incorporator — if in the hands of ed fiduciary by that fiduciary)	
	MENDOZA , EDGARD J	
	(Typed or printed name of po	erson signing)
	PRESIDENT	
	(Title of person signing)	