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(((H220001683243)))



H220001683243ABC

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. To:

Division of Corporations

Fax Number : (850)617-6380

From: .

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : 120200000179

Phone : (786)253-9951 : (305)397-1052 Fax Number

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ISIS PEREZ, P.A

Certificate of Status	0
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Page Count	05
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J. HORNE

MAY 1 2 2022

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Corporate Filing Menu

Help

## HZZ0001683Z4

	Articles of Amendment	
	to	
Articles of Incorporation		
	of	S = - 1
SIS PEREZ, P.A	•	7
/Name of Corporation	on as currently filed with the Florida Dept. of State	el
	of as currently rich with the violage 2 tps of	
P22000012740		
(Doctor	nent Number of Corporation (if known)	ال ۱۰۰۰
		,
	a Statutes, this Florida Profit Corporation adopts the	following amendment(s) t
ts Articles of Incorporation:		
16 2:	a nua matiana	
A. If amending name, enter the new name of the co	orporation:	
ISIS PEREZ LAMAR GONZALEZ, P.A		The new
name must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the ab	obreviation "Corp.,"
"Inc." or Co." or the designation "Corn." "Inc.	" or "Co". A professional corporation name mu:	st contain the word
"chartered," "professional association," or the abbre		
programme and the second		
B. Enter new principal office address, if applicable	bT	
Principal office address <u>MUST BE A STREET AD</u> L	<u>ORESS</u> )	
	,	
		<del></del>
0.70		
C. Enter new mailing address, if applicable:	5 <i>V</i> :	
(Mailing uddress <u>MAY BE A POST OFFICE BO</u>	///	
	<del></del>	
		<del></del>
D. If amending the registered agent and/or registe	red office address in Florida, enter the name of the	2
new registered agent and/or the new registered		•
Name of New Registered Agent		<del></del>
Printer and the control of the contr	A76 . f . 3.2	<del></del>
	(Florida street address)	
New Registered Office Address:	Florida	•
ALSO A PARTIE DE LA CARROLLA PROPERTIES DE L	(Ctrv)	(Zin Code)
•		· ·
·		
	•	
New Registered Agent's Signature, if changing Res		
hereby accept the appointment as registered agent,	I am familiar with and accept the obligations of the p	rontion.
· . · · · · · · · · · · · · · · · · · ·	ature of New Registered Agent, if changing	
ngu.	аште од пет пехалетса пуст, у спануту	
Check if applicable		
The state of the s		

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

From: Whole Tax Professional Service Inc.

### H22000/68324.

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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	•			
X Remove	<u>Y</u>	Mike Jones			·	
X .Add	<u>\$Y</u>	Sally Smith	. •			. ~
Type of Action (Check One)	Title	Nai	ne 		Address	
i) Change		<del></del>	<del>, ,</del>	·		
Add		•		156		-
Remove				· •		٠.
2) Change						-
Add .						
Remove 3) Change		<del>-</del>				
Add	, .					`
Remove			•	•		
4) Change .		<u> </u>		<del></del> .		
Add		•	·			
Remove		•				
5) Change			-	•••		
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Remove			-			•
δ) Cliange				<del></del>		-
Add	•				And the state of t	-
Remove				. ~		

13053971052

## HZZ000 168324

To: +18506176380

nending or adding additional Arti- ich additional sheets, if necessary).	(Be specific)	
visions for implementing the ame	range, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/3)	•	•
<u></u>		

# HZZ000168324

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days)	ifier amendment fil <b>e</b> date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by	
(voting group)	,
05/10/2022 Duted	
Signature de feet description	
(By a director, president or other officer - if selected, by an incorporator - if in the hands appointed fiduciary by that fiduciary)	
ISIS PEREZ LAMAR GONZALEZ	
(Typed or printed name o	f person signing)
PRESIDENT	
(Title of person signing)	