

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



400435415294

eus 27/34--01 333--013 \*\*35.60

FILED

2024 AUG 27 - AH 12: 59

SLOPT LARY OF STATE
FALLAHASILE TI GOOD.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: COLTAX ACCOUNTING SERVICES CORP	
DOCUMENT N	NUMBER: P22000029707	
The enclosed Art	ticles of Amendment and fee are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	ALEJO SOLANO	
	Name of Contact Person	
	COLTAX ACCOUNTING SERVICES CORP	
	Firm/ Company	
	8645 SW 185 ST	
	Address	
	CUTLER BAY FL 33157	
	City/ State and Zip Code	
	coltaxacc@gmail.com	
	E-mail address: (to be used for future annual report notification)	<u> </u>
For further inform	mation concerning this matter, please call:	
ALEJO SOLAN	at ( 305 ) 4843160	
N	lame of Contact Person Area Code & Daytime Telephone	Number
Enclosed is a che	eck for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fo	Cee See See See See See See See See See	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

COLTAX ACCOUNTING SERVICES CORP (Name of Corporation as currently filed with the Florida Dept. of State) P22000029707 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," /"company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of t new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (Citv)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

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 Mike Jones X Add <u>SV</u> Sally Smith Address Type of Action Title Name (Check One) 8645 SW 185 ST, CUTLER BAY SILVANA VEGA 1) \_\_\_\_ Change X = Add\_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change

<del></del>				N/	11	
	<del></del>	·		10 /	<u>H</u>	
						···
		·				
			<del></del>			
		<del></del>				
			-			
		<del></del>				
				<del>-</del>	<del></del>	
		· · · · ·				
			····			
		•		•	<del>-</del>	_
an amendment p	rovides for an exch	nange, recl <u>assif</u> i	cation, or cand	ellation of issue	l shares.	
rovisions for imp	dementing the ame	ndment if not c	ontained in th	e amendment its	<u>elf:</u>	
(if not applicat	ble, indicate N/A)					
		<del></del>				
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 08/01/2024
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(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 as the document's effective date on the Department of State's records.
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 east 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)
(voting group)
Dated 08/01/2024
Signature
(By a director, president or other officer – if directors 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)
ALEJO SOLANO
(Typed or printed name of person signing)