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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)253-99\$1 Fax Number : (305)397-1052

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 NAILS BY ISA CORP.

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Articles of Amendment to Articles of Incorporation of

20221127 14 11.12: 24

Name o	f Corporation as currently filed with	the Florida Dept. of	State)
22000038211		•	```
	(Document Number of Corporation	on (if known)	
arsuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, this <i>Florida Pro</i>	ofu Corporation adopts	s the following amen
If amending name, enter the new na	me of the corporation:		
			77he
ame must be distinguishable and contain inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co". A profession	or "incorporated" or ti nal corporation name	te abbreviation "Coi must contain the v
Enter new principal office address, i Principal office address MUST BE A ST	f applicable: 'REET ADDRESS')		
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Enter new mailing address, if applie (Mailing address MAY BE A POST C	<u>:able:</u> )FFICE BOX)		• 、
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			• .
. If amending the registered agent an	d/or registered office address in Flor	ida, enter the name o	<u>f the</u>
new registered agent and/or the new	registered office address:		
Name of New Registered Agent	YAMIL GARCIA RIVERO	<u> </u>	
	.17400 NW 68 ST #406		
	(Florida street address)		
	HIALEAH	771	33015 مامئند
New Registered Office Address:	. (City)	, ric	orida 33015 (Zip Code)
	***		
			• • • •
ew Registered Agent's Signature, if ch hereby accept the appointment as registe		cent the obligations of	the position.
, construction of the control of the	, , , , , , , , , , , , , , , , , , ,	.,	
	Gamil Garcia K	Pivero.	

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

Example:

## HZZ 000 385868

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.

PT John Da	<u>&gt;e</u>	
<u>V</u> <u>Mike Jo</u>	o <u>nes</u>	
SV Sally St	nith	
Title	Name	Address
PT	YAMIL GARCIA RIVERO	17400 NW 68 ST #406
		HIALEAH, FL 33015
PT	ISAIRIS RUIZ PEREZ	17400 NW 68 ST #406
		HIALEAH, FL 33015
·		
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	V Mike lo SV Sally St Title PT	V Mike Jones  SV Sally Smith  Title Name  PT YAMIL GARCIA RIVERO

Page: 4 of 5

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The date of each amendment(s) a	doption:	٠.		·	<del> </del>	, it other t
thate this document was signed.			`	•		•
Effective date if applicable:			•	· ·	<del> </del>	<del></del>
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Adoption of Amendment(s)	(CHECK ONE	)				
The amendment(s) was/were add action was not required.	opted by the incorporate	ors, or board	of director	s without sh	rcholder actio	n and shareholder
☐ The amendment(s) was/were add		rs. The numb	per of vote	s cast for the	amendment(s	)
by the shareholders was/were st	ifficient for approval.			• • •		• • •
The amendment(s) was/were ap						nt -
"The number of votes cast	for the amendment(s) v	vas/were suil	icient for	approval	•	
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11/08/202 Dated	2		· · .			
Sідлаture	Ya	imil Ja	ircia i	Rivero		
(By a d selecte	irector, president or oth d, by an incorporator – ted fiduciary by that fid	if in the hand	directors ds of a rece	or officers h	or other court	
	YAMIL GARCIA RIV	ÆRO .			• •	· ·
	(Typed or p	rinted name	of person	នាខ្មីបារវានិ)		
	PRESIDENT		٠.	·.		· . · ·
	(Title of per	son signing)				· <del></del> .