Florida Department of State

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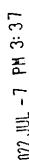
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JUL 0 9 2022



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((H220002205713))

COYER LETTER

TO: Amendment Section Division of Corporations NOEL RAUL ALANCON PA NAME OF CORPORATION: P22000046630 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ED KOTLER** Name of Contact Person TAX ZONE INC Firm/ Company 8865 COMMUNITY CIR STE 4 Address ORLANDO, FL 32819 City/ State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ED KOTLER Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43,75 Filing Fec & S\$2.50 Filing Fee ☐ \$35 Filing Fcc **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tullahassee, FL 32303

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(((4220002205713))

Articles of Amendment to Articles of Incorporation

(Name	of Corporation as currently filed with	the Morida Dept. of State)
P22000046630		<u></u>
	(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this Florida Prof	it Corporation adopts the following amendment
A. Hamending name, enter the new n	nine of the corporation;	•
NOEL RAUL ALARCON PA	·	The new
name nust be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A professione	r "incorporated" or the abbreviation "Corp.," al corporation name must contain the word
B. Enter neiv principal office address.	Capalicable:	
Principal office address <u>MUST BE A'S</u>	TREET-ADDRESS)	022
	-	
		
2. Enter new malling address, if appl	icoble:	
(Mailing oddress MAY BR A POST	OFFICE BOX)	
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		2
	ider registered affice address in Flori	de, enter the name of the
 If amending the registered ovent at new registered agent and/or the new 	m registered office address:	de, enter the name of the
		da, enter the name of the
new registered agent and/or the new	m registered office address:	de, enter the name of the
new registered agent and/or the new	n registered office address: NOEL R ALARCON	de, enter the name of the
new registered agent and/or the new	NOEL R'ALARCON 11448 KENLEY CIR	de, enter the name of the

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

((tH2Z00022057135))

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:

(Anach additional sheets, if necessary)

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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= Trustea; 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 Dog	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Solly Smith	
Type of Action (Check One)	Title	Name	Àddress
1) X Change	P	NOEL R ALANCON	11448 KENLEY CIR ORLANDO
Add			ORLANDO, FL 32824
Remove			
2)Change	P	NOEL R ALARCON	11448 KENLEY CIR ORLANDO
X Add		•	ORLANDO, FL 32824
Remove 3) Change	:		
Add			
4) Change	· <u>· · ·</u>	The state of the s	
Add			A character of the control of the co
Remove			
S) Change	الله مناسب		
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			
6) Change		<u> </u>	
Add			
Remove			

If anicoding or od	ding paiditional Article	s, enter chance(s)	022057 Lhers:	(3)))	
(Attach additional s	heets, if necessary). (Be specific)			
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f an omendment i	provides for an exchan plamenting the amend	ve, reclassificatio	n. or cancellation of	sined shares,	
(if not applica	ble, indicase N/A)		Alexan Bir Birk Hickip	C. M. C.	
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<u> </u>	de la granda de la composición de la composició				
	 				
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Ta:

(((H220002205713))) if other than the The date of each amendment(a) adoption: date this document was signed. 06/27/2022 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) 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 cast 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 east for the amendment(s) was/were sufficient for approval (voting group) 06/27/2022 Dated_ 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)

(Title of person signing)