P22 0000 49588

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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: NATIONAL TAX	GROUP INC.	
DOCUMENT NUMB	ER: P22000049588		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	STRATHER DUPREE		
		Name of Contact Person	
	NATIONAL TAX GROUP I	NC.	
•		Firm/ Company	
	8306 MILLS DR. 3294		
		Address	
	MIAMI FLORIDA 33183		<u></u> .
		City/ State and Zip Code	:
	strather.dupree@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas		510 3502
		at (
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ortment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

NATIONAL TAX GROUP INC.		ار است. است.
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P22000049588		ا براغ سينيا
(Document Number of	of Corporation (if known)	<u></u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	wing amendine
A. If amending name, enter the new name of the corporation:		
NP		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must cor	ation "Corp.," itain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA 33183	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8306 MILLS DR. #294	
	MIAMI FLORIDA 33183	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent		
(Florida st	rect address)	
New Registered Office Address:	(City) , Florida (7	Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>	
NIA	Registered Agent, if changing	

Check if applicable

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

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 Doc 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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	MELVIN WEISS	PO BOX 882462
Add			PORT ST LUCIE FL 34988
XRemove			
2) Change	<u> </u>	JAMES DURANTE	9931 SW TRUMPET TREE CIRC
Add			PORT ST LUCIE FL 34987
$\frac{X}{X}$ Remove 3) $\frac{X}{X}$ Change	PT	ALEX REED	8306 MILLS DR. #294
Add			MIAMI FL 33183
Remove			
4) X Change	SV	STRATHER DUPREE	2298 SW PICTURE TER
Add			PORT ST LUCIE FL 34953
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Ramosa			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) N A	. <u>If amending or a</u> (Attach <i>additional</i>	dding additional Air sheets, if necessary)	<u>rticles, enter chan</u>). <i>(Be specific)</i>	ige(s) here:			
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Into more than 90 days after amendment file date: Into 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 a document's effective date on the Department of State's records. Adoption of Amendment(s)	the date of each amenda date this document was sig	nent(s) adopti gred.	on:			, if	other t	han
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 east for the amendment(s) was/were sufficient for approval by (voting group) (voting group) (voting group) (voting group) Signature (By a director, function of 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 liduciary by that fiduciary) STRATHER DUPREI: (Typed or printed name of person signing)	Effective date if applicable	<u>le:</u>						
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	by 07/ Dated	/12/2022 (By a director selected, by a	(voting group) provident or other officer in incorporator – if in the ha	if directors or officers have	e not been	ALL VILLSEE, FLONDA	PH 6: 2	
Vice President	by	/12/2022 (By a director selected, by a appointed fide	(voting group) provident or other officer in incorporator – if in the hauciary by that fiduciary)	if directors or officers have	e not been	ALL VILLSEE, FLORIDA	PH 6: 2	
	by 07/ Dated	/12/2022 (By a director selected, by a appointed fide	(voting group) provident or other officer in incorporator – if in the hauciary by that fiduciary) ATHER DUPREE	- if directors or officers have	e not been	ALL VILLSEE, FLORIDA	PH 6: 2	