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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TAX STAIL P 22 0000 58668 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Owly / TAR STAR AND INSULANCE INC. 1055 Sw 1257.

Address

Inni / Francian - 33129

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 878 - 797 5

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is enclosed)

Certified Copy

Mailing Address

\$35 Filing Fee

Amendment-Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

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

□\$52.50 Filing Fee

(Additional Copy is enclosed)

Certificate of Status Certified Copy

Articles of Amendment

to

Articles of Incorporation of

T. 5-			7		
TAX STAN	イルム ユノ Corporation as currer	USULANCE		· · · · · · · · · · · · · · · · · · ·	
(Name of C			riua Dept. di State	,	
	P 22 0000	ンペンタ 440 of Corporation (if kn			
	(Document Number	of Corporation (i) kn	own		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, thi	is Florida Profit Corp	poration adopts the f	ollowing amendr	nent(s) to
A. If amending name, enter the new name	of the corporation:				
				The ne	ere
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	o," "Inc," or "Co".	A professional corp		oreviation "Corp.	••
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)					•
					_
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		2172 N	IW 7 TH S	DT. 3312	5
			i /h-oninx	,	-
D. If and D. I. and A.		Florida			-
D. If amending the registered agent and/o new registered agent and/or the new re			er the name of the		
Name of New Registered Agent	CONETEL	Anteacia	ZAVALD.		
Name of New Negasierea Ageni				2022 CEO	
		street address)		- E	
New Registered Office Address:	2172 NW 7TH ST. Florida 3332		33,25	- A-73488	
		(City)		$n \odot - \sigma$	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Age	nt: r with and accept the	abligations of the na	# 4: 39	-Again
Thereby accept the appointment as registere	a agent. Tum jamita	Λ	onigunons by the po	onion.	
	Quela	\mathcal{A}			
	Signature of New	Registered Agent, if o	changing		
Check if applicable The amendment(s) is/are being filed pursu	uant to s. 607.0120 (11	l) (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)

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

X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Saliy</u>	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Z Change	PT	NELSON F. ZARATE	J
Add			
Remove 2) Change	PT	GRETER ANTERCIA	2172 NW 7TH ST.
Add			33125
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
if an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	. 10	30/18/2022	if other than the
date this document was signed.		, ,	
Effective date <u>if applicable</u> :		$\frac{30/18}{0}$ days after amendment file	
Note: If the date inserted in this block docdocument's effective date on the Departmen		able statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or l	board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		e number of votes cast for th	e amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo.			
"The number of votes cast for the a	imendment(s) was/we	re sufficient for approval	
by	(voting group)	,"	
'	(voung group)	~	
Dated 30/19	8/2022	()	
Signature		1 MM 116120	N ZARATE.
		cet – if directors or officers le hands of a receiver, trustee	
	ciary by that fiduciary)		, or other court
	Qu	// / /	Antonia
	(Typed or printed	name of person signing)	·
	Pors	DENTE.	

(Title of person signing)