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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: AUTOS 441 CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA HERNANDEZ Name of Contact Person **AUTOS 441 CORP** Firm/ Company 5940 PLUNKETT ST Address HOLLYWOOD, FL, 33023 City/ State and Zip Code INFO@ATAXSOLUTIONSCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 6698489

Area Code & Daytime Telephone Number LAURA HERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

( <u>IV</u>	ame of Corporation as current	ly filed with the Florida Dept. of So		
23000071511		of State of	ate)	
	(Document Number of	f Corporation (if known)		
rsuant to the provisions of section	607 100¢ m	Corporation (if known)		
Articles of Incorporation:	507, 1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following	amendos
If amending name, enter the ne		·	6	ontendine
A	w name of the corporation:			
ne must be distinguishable.				
, and an absociation	m, or the abbreviation "P.A."	ompany, "or "incorporated" or the a professional corporation name mu	bbreviation ist contain	The new "Corp.," the word
Enter new principal accurate		N/A		
incipal office address MUST BE	A STREET ADDRESS )			<del></del>
			<del></del>	
Enter new mailing address, if ap	Dlicable:			
Mailing address MAY BE A POS	T OFFICE BOX)	N/A		
•				
amending the registered agent :	and/or registered office addres	s in Florida, enter the name of the		
		seriorida, enter the name of the		<u>~</u>
Name of New Registered Agent	N/A			
			<del></del>	Ç١.
	(Florida street e	2ddrass)		:
	N/A	auressy		$\sim$
New Registered Office Address:	(Cir	, Florida_	_ :_	9
New Registered Office Address:	leni	-	(Zip Code)	
New Registered Office Address:				
New Registered Office Address:  egistered Agent's Signature, if c				

Signature of New Registered Agent, if changing

Check if applicable

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. Example:

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
$X  ext{Add}$	<u>SV</u> <u>Sail</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Diana G Alvarez	4615 MERIDIAN AVE
Add X			MIAMI BEACH, FL 33140
Remove  2) Change	P	Laura V Hernandez Velasquez	12555 SW 51ST CT APT 308
Add	<del></del>		MIRAMAR, FL 33027
Remove 3 ) Change	VP	Dianelys Biarreta Paz	17811 SW 11TH CT
X Add			Pembroke Pines, FL 33029
Remove			
4) Change			-
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
(a trade) distributed income, by necessary,		
	<u> </u>	
If an arrange of the state of t		
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:	1.7	•
(if not applicable, indicate N/A)		-
A	•	
A		
	· · ·	
	<del></del>	

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10/06/2023	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	1 shareholder
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by	
by	
10-09-2023 Dated	
Signature Lane Hernandez	
(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)	. 97
Laura Hernandez	ند : ان من ان سن
(Typed or printed name of person signing)	1
Vice President	<del></del> ,
(Title of person signing)	