## P24000023805

| (Requestor's Name)                      |
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| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Entity Haine)                 |
| (December 1)                            |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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LU ANASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: QUICKTAX COR   | RPORATION  |   |
|-------------------------|--|--|---|
|                         | BER: P24000023805  |  |   |
| The enclosed Articles   | of Amendment and fee are su  | ibmitted for filing.   |   |
| Please return all corre | espondence concerning this ma  | atter to the following:  |   |
|                         | EMILY K VU   |  |   |
|                         | OLUCYTA VES COMBONA  | Name of Contact Person   | n   |
|                         | QUICKTAXES CORPORA   | <u> </u>   |   |
|                         | Firm/ Company 4411 BEE RIDGE RD, #633  |  |   |
|                         |  | Address  |   |
|                         | SARASOTA, FL 34233   |  |   |
|                         |  | City/ State and Zip Cod  | е   |
|                         | EMILYKVU@GMAIL.CO  | М  |   |
|                         | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further informatic  | on concerning this matter, plea  | se call:   |   |
| EMILY K VU              |  | 941<br>at (  | 928-0368  |
| Name of Contact Person  |  | Area Code & Daytime Telephone Number                             |   |
| Enclosed is a check fe  | or the following amount made   | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee          | ☐S43.75 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)    |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co                                       | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| OU | ICKTAN | CORPOR | COLLAS |
|----|--------|--------|--------|
|    |        |        |        |

| (Name of Corneration of our  | ently filed with the Florida Dept. of State)        |                                       |
|--|---|---------------------------------------|
| P2400023805  | endy fried with the Florida Dept. of State)         |                                       |
| (Document Number   | er of Corporation (if known)                        | <del></del>                           |
| Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:   | this Florida Profit Corporation adopts the followin | g amendment(s)                        |
| A. If amending name, enter the new name of the corporation QUICKTAXES INC  | <u>:</u>  | 71                                    |
| 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 professional corporation name must contain      | _The new<br>on "Corp.,"<br>n the word |
| B. Enter new principal office address, if applicable:  | <u></u> S2,   | 2                                     |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   | 4 AP                                  |
|  |   | <del>- R</del> 2                      |
|  | <u> </u>  | <u> </u>                              |
| C. Enter new mailing address, if applicable:   | <u> </u>  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                       |
|  | - RA<br>- D ボ                                       | ဋ                                     |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr  |   | <b>*</b>                              |
| Name of New Registered Agent   |   |                                       |
|  |   |                                       |
| (Florida   | i street address)                                   |                                       |
| New Registered Office Address:   | , Florida   | <del></del>                           |
|  | (City) (Zip C                                       | 'ode)                                 |
|  |   |                                       |
| New Registered Agent's Signature, if changing Registered Age<br>I hereby accept the appointment as registered agent.—I am familia  | ent:  |                                       |
| enerely accept the application as registered agent. I am jamila  | ar with and accept the omigations of the position.  |                                       |
|  |   |                                       |
|  |   |                                       |
| Signature of Nev   | w Registered Agent, if changing                     |                                       |
| Check if applicable  |   |                                       |

 $\Box$  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 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> | Doe        |                    |
|----------------------------|-----------------------|------------|--------------------|
| X Remove                   | <u>V</u> <u>Mike</u>  | e Jones    |                    |
| X Add                      | SV Sally              | · Smith    |                    |
| Type of Action (Check One) | <u>Title</u>          | Name       | <u>Addres</u> s    |
| l) Change                  | <u></u>               | David Phan | 4911 Bee Ridge Rd  |
| X Add                      |                       |            | Sarasoki, Fl 3423, |
| Remove                     |                       |            |                    |
| 2) Change                  |                       |            |                    |
| Add                        |                       |            |                    |
| Remove 3 ) Change          |                       |            |                    |
| Add                        |                       |            |                    |
| Remove                     |                       |            |                    |
| 4) Change                  | <del></del>           |            |                    |
| Add                        |                       |            |                    |
| Remove                     |                       |            |                    |
| 5) Change                  | ·                     |            |                    |
| Add                        |                       |            |                    |
| Remove                     |                       |            |                    |
| 6) Change                  |                       |            |                    |
| Add                        |                       |            |                    |
| Remove                     |                       |            |                    |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)   |
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| f an amendment provides for an exch:  | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amen<br>(if not applicable, indicate N/A)         | ndment if not contained in the amendment itself:          |
| (у пот арупісате, таксате хух)  |   |
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| The date of each amendment(s) date this document was signed.          | adoption:   | , if other than              |
|---|---|------------------------------|
| date this document was signed.  |   |                              |
| Effective date if applicable:   | (no more than 90 days after amendment file date)  | ·                            |
|   | (no more than 90 days after amenament fite date)  |                              |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this Department of State's records.   | s date will not be listed as |
| Adoption of Amendment(s)  | (CHECK ONE)   |                              |
| The amendment(s) was/were a action was not required.                  | dopted by the incorporators, or board of directors without shareholder  | action and shareholder       |
| ☐ The amendment(s) was/were as by the shareholders was/were           | lopted by the shareholders. The number of votes east for the amendm sufficient for approval.  | ent(s)                       |
|   | oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):   | tement                       |
| "The number of votes cas  | st for the amendment(s) was/were sufficient for approval  |                              |
| by  | ···   |                              |
|   | (voting group)  |                              |
| APRIL 2:  | 3, 2024   |                              |
| Dated   | <del></del>   |                              |
| Signature   |   |                              |
| (By a select  | director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary) |                              |
|   | EMILY K VU  |                              |
|   | (Typed or printed name of person signing)   | <del></del>                  |
|   | PRESIDENT   |                              |
|   | (Title of person signing)   |                              |

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