From: Tax Zone

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX ZONE INC. Account Number : 120190000044

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountant at taxzoneff.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CLAUDIA M PA

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

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RATION: CLAUDIA M PA			
P24000031516			
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	Name of Contact Perso	nc	
TAX ZONE INCA			,
	Firm/ Company		- 7 6-
8865 COMMODITY CIR ST	TE 4		171
	Address		-
ORLANDO, FL 32819			
	City/ State and Zip Coc	le	
ACCOUNTANT@TAXZON			
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n concerning this matter, plea	ise call:		
	at (407	888-3131	
of Contact Person	Area Co	de & Daytime Telephone Nun	nber
r the following amount made	payable to the Florids Dep	ertment of State:	
☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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Articles of Amendment to Articles of Incorporation of

	DĪ	
CLAUDIA M PA		
(Name of Corporation	ttly filed with the Florida Dept. of St.	ite)
P24000031516		_
(Docum	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	is Florida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new name of the co		
		The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	A professional corporation name m	bbrevlation "Corp" ust contain the word [
		-
B. Enter new principal office address, if applicable:		<u> </u>
Principal office address MUST RE A STREET ADD.		

		75 <u>7</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
2. If amending the registered agent and/or registered new registered agent and/or the new registered of	dress in Florida, enter the name of th	<u>e</u>
Name of New Registered Agent	The second secon	· · · · · · · · · · · · · · · · · · ·
	and the state of t	ny mandanaka di Adalam pilipada a nyaétan
	treet address)	
New Registered Office Address:	. Florid	a
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regis	<u>1:</u>	
hereby accept the appointment as registered agent. I	with and accept the obligations of the	position,

Signature of New Registered Agent, if changing

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)

_ Add

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 Dog		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	Address	
I) Change	0	CLAUDIA MONTOYA 523 FLORAL DR		
Add			KISSIMMEE, FL 34743	-
X Remove				•
2) Change	P	CLAUDIA MONTOYA	523 FLORAL DR	
X Add			KISSIMMEE, FL 34743	•
Remove 3) Change				
Add			2	3
Remove			P X	T
4) Change	*******		215> 2	(Last
Add			, -	
Remove				
5) Change			444444444444444444444444444444444444444	
Add				
Remove				
f) Change				

From: Tax Zona

Attach additional sheets, if necessary).	(Be specific)				
					
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an amendment provides for an exch	ange, reclassifica	tion, or cancellat	ion of issued shares		
Provisions for Implementing the amei	idment if not con	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
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From: Tax Zona

The date of each amendment(s) adoption:	. if other than the
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 statutory filing requirements, this date will necessarily document's effective date on the Department of State's records.	ot 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 shareholder action was not required.	archolder
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.	202
☐ 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):	2024 JUN 12
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	a M
by	8: -1
Dated 06/12/8 f Signature Cauchin fairtiga.	7
Signature (Casalian Jantieria)	
(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)	
Claudia Montaya	
(Typed or printed name of person signing)	
(Title of person signing)	<del> </del>