240000 60946

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Taliahassee, FL 32314

NAME OF CORP	ORATION: SUNSHINE TAX	SERVICES INC		_
DOCUMENT NUM	D24000040044			_
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	ILEANA GOMEZ			
		Name of Contact Perso	n	
	SUNSHINE TAX SERVICE	S INC		
		Firm/ Company		
	8796 NW 140 LN			
	Address			
	MIAMI LAKES FL 33018			
	SUNSHINEACCOUNTING@AOL.COM			- 3
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		2021 NOV 25 FM 10: 22 SECRETARY 64 ST TE
ILEANA GOMEZ		786 at (2361579	第二章
Name of Contact Person		Area Co	de & Daytime Telephone N	umber mig
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	77.72
S35 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)	
Mailing Address Amendment Section Division of Corporations		Amend	Address Iment Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ST	H2M	INE	TAX	SERV	ICES	INC

(Name of Corporation	on as currently filed with th	e Florida Dept. of State)	
P24000060946			
(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
SUNSHINE TAX PROFESSIONAL SERVICES INC			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional	incorporated" or the abbrevia corporation name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(V)		
(Mutting dudress MAT DE ATOST OFFICE BO	<u></u> /	v	70.
		AS	
			7
D. If amending the registered agent and/or register	red office address in Florida	بر و enter the name of the	
new registered agent and/or the new registered			
Name of New Registered Agent		<u>्र</u>	() 역 - ()
		` <u>.</u> .	景 %
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zi _l	o Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.		the obligations of the position	
Signa	iture of New Registered Agen	t, 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			2021
5) Change			2024 NOY
Add			= 20 UI :
Remove			100
6) Change			
Add			The 100
Remove			

mendment provides for an exchange, reclassification, or cancellation of issued shares,	
isions for implementing the amendment it not contained in the amendment reserve	
if not applicable, indicate N/A)	
	SE
	<u></u>
	2024 NOV 25 SECRETARY
	SECRETARY OF STALLAHAS SEE
	MHIO: 22
	0: 22

The date of each amendment(s) ac	11-21-2024 loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing r partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by		
	(voting group)	
DatedSignature	Dave Jome	
(By a di selectee	rector, president or other officer – if directors or off, by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary)	
	ILEANA GOMEZ	
	(Typed or printed name of person signin	g)
	PRESIDENT/SHAREHOLDER	2021 SE
	(Title of person signing)	PF FELT III 2024 NOV 25 AM 10: 22 SECRETARY OF STATE TALLAMASSEE, FATE