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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HAPPY TAX MULTI SERVICE LLC

Account Number : I20190000101 Phone : (305)904-7224 Fax Number : (305)513-5827

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

Email Address: eliabe0416@gmail.com

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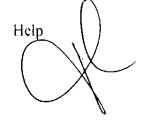
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COR AMND/RESTATE/CORRECT OR O/D RESIGN MK ALL PRO INC

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To:+18506176380 \$2015

Articles of Amendment Articles of Incorporation of

From: +13055905842 (Happy Tax)

MK ALL PRO INC	01		
(Name of Cornorat	ion as currently filed with the	Sturida Doot of State	
P2400063184	mo ar earrainy med wan die	riorium (vept. of State)	
(Docu	ment Number of Corporation (if	known)	·
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Co	erporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the c	orporation:		
			new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co" A malescomal co	corporated" or the abbreviation "Corporation name must contain the	orp.," word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e <u>:</u> DRESS)		2 b24
	.	· · · · · · · · · · · · · · · · · · ·	qcT 2
C. Enter new mailing address, if applicable:	ew mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BO	<u></u>		V 10: (
		<u> </u>); 0 .
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, er office address:	iter the name of the	
Name of New Registered Agent			
	(Florida street address)		
V 9 : 100 111	(r torida strect dauress)	- 1	
New Registered Office Address:	(City)	, Florida	_
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.	
Signa	itine of New Registered Agent, if	changing	
	7 · · · · · · · · · · · · · · · · · · ·	O ∕0	
Check if applicable The amendment(s) is/are being filed pursuant to s. 6	607.0120 (11) (c), F.S.		

To:+18506176380 Hとり0000600913 翼3 of 5

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 = Provident, 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 PID

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the 3' 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>Joh</u>	nn Doe	
X Remove	<u>∨</u> <u>Mı</u>	ke Jones	
_X Add	<u>SV</u> Sal	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	Maria Karla Garcia Torres	2520 NW 166TH ST
Add			MIAMI GARDENS, FL 33054
Remove			2024
2) Change			2024 OCT
Add			29
Remove 3) Change			7.7
Add			- 04
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			*****
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
	
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an amendment provides for an exchange, reclassification, or cancellation of issued sh rovisions for implementing the amendment if not contained in the amendment itself:	ares,
(if not applicable, indicate N/A)	
	· ·

MARIA KARLA GARCIA TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)