P24000070765

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC -3 PM 3: 13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GRUPO 3 AUTON	MOTRIZ CORP					
DOCUMENT NUM	P24000070765						
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	LUIS FERNANDEZ						
		Name of Contact Persor	1				
	ATAX SOLUTIONS CORP						
		Firm/ Company	·				
	4805 NW 79TH AVE SUITE	. 10					
		Address					
	MIAMI FL 33166						
	•	City/ State and Zip Code		7 SEC	(367		
	INFO@ATAXSOLUTIONS	CORP.COM		ALL MARIA	1		
	E-mail address: (to be us	ed for future annual report	notification)	(E)			
For further information	on concerning this matter, pleas	se call:		ECRETARY OF STAT TALLAHASSEE, FL			
LUIS FERNANDEZ		305 at (6006379	FATE			
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	□\$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)				
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, F1, 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

i	<i>(</i> :	D.	1 1	176) 1	١.	١.	11	ŧ.	(١.	4	r	'n	r	υ	17	,	۲,	ń	Ð	i	,

	of Corporation as curren	tly filed with the Florida Dept. of State)	
P24000070765			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adopts the fo	llowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
A FINANCIAL SOLUTIONS CORP			The new
	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbr A professional corporation name must ."	reviation "Corp.,"
B. Enter new principal office address,	if applicable:	4805 NW 79TH AVE	
Principal office address <u>MUST BE A S</u>		SUITE 10	<i>m</i> ~
		MIAMI FL 33166	TALL TALL
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		4805 NW 79TH AVE SUITE 10	ETANA
		MIAMI FL 33166	SE R
D. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the	m w
Name of New Registered Agent	LUIS FERNANDEZ		
	4805 NW 79TH AVE SU	JITE 10	
	tFlorida s	street address)	
New Registered Office Address:	MIAMI	, Florida	3166
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>ıt:</u>	
hereby accept the appointment as regist	ered agent. I am familiar ,	with and accept the obligations of the pos	Alion.
	Signature of New	Registered Agent, if changing	

Check if applicable

☐ 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	LUIS TORRES	4805 NW 79TH AVE SUITE 10
Add			MIAMI FL 33166
X Remove			<u></u>
2) Change	P	LUIS FERNANDEZ	4805 NW 79TH AVE SUITE A
X Add			MIAMI FL33166
Remove 3) Change	***		1975 - 19
Add			F. S. T.
Remove			ਜਾਂ <u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

. •	11/20/2024	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	0/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without 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 for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	
LUIS TORRES		(O 25
by		7E 22
	(voting group)	FILED 2024 DEC -3 PM 3: 13 SECRETAINT OF STATE TALLAHASSEE, FL
		59 6
11/20/2024		至 3 厂
Dated		PH 3: 13 ASSEEL FL
	172	
Simular.		TO W I
Signature	rector, president or other officer – if directors or officers have not been	고로
, ,	l. by an incorporator – if in the hands of a receiver, trustee, or other court	TE O
	ed fiduciary by that fiduciary)	
	LUIS FERNANDEZ	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	