

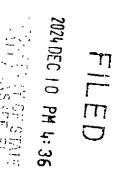
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: BEE SQUARE TA  | X CONSULTATION AN  | D SERVICE INC   |  |  |  |
|---------------------------|---|--|---|--|--|--|
| DOCUMENT NUMB             | ER:59-3353345   |  |   |  |  |  |
| The enclosed Articles o   | f Amendment and fee are su  | bmitted for filing.  |   |  |  |  |
| Please return all corresp | ondence concerning this ma  | tter to the following:   |   |  |  |  |
|                           | RE  | BECCA L WILLIAMS, E.   | Α.  |  |  |  |
| -                         |   | Name of Contact Persor   | 1   |  |  |  |
|                           | BEE SQUARE TA   | X CONSULTATION ANI   | ) SERVICE INC   |  |  |  |
| -                         |   | Firm/ Company  |   |  |  |  |
|                           | 1650 SAND LAKE RD STE 115   |  |   |  |  |  |
| _                         | Address   |  |   |  |  |  |
| _                         | ORLANDO, FL. 32809  |  |   |  |  |  |
|                           |   | City/ State and Zip Code   | e   |  |  |  |
|                           | REBECCA@BEE   | SQUARETAX.COM  |   |  |  |  |
| -                         | E-mail address: (to be us   | sed for future annual report                                     | notification)   |  |  |  |
| For further information   | concerning this matter, pleas   | se call:   |   |  |  |  |
| REBECCA L WILL            | AMS, E.A.   | at (   | 851-4037  |  |  |  |
| Name o                    | f Contact Person  | Area Co  | de & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for   | 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) | S52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)          |  |  |  |
| Amer<br>Divis<br>P.O.     | ing Address<br>indment Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

## BEE SOUARE TAX CONSULTATION AND SERVICE INC

| (Name of Corporation to Just   | ently filed with the Florida Dept         | of Statu)                |             |
|--|---|--------------------------|-------------|
| P96000008108   | entry med with the Plorida Depi           | <u>. or state</u> )      |             |
| -  | per of Corporation (if known)             |                          | ·           |
| Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:   | this <i>Florida Profit Corporation</i> ad | opts the following amend | iment(s) to |
| A. If amending name, enter the new name of the corporation   | <u>u</u>                                  |                          |             |
| 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 no          |                          | v., "       |
| B. Enter new principal office address, if applicable:  |   | 202                      | _           |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |                          | 777         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   | EC 10 PM 4: 36           |             |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  Name of New Registered Agent                                     |   | ne of the                | _           |
|  |   |                          |             |
| (Florid  | la street address)                        |                          |             |
| New Registered Office Address:   |   | , Florida                | <del></del> |
|  | (City)                                    | (Zip Code)               |             |
| New Registered Agent's Signature, if changing Registered Ag<br>I hereby accept the appointment as registered agent. I am famil   | zent: iar with and accept the obligations | of the position.         |             |
| Signature of Ne  | w Registered Agent, if changing           |                          |             |
| Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (   | 11) (e), F.S.                             |                          |             |

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u> 14</u>   | <u>John De</u> | <u>oe</u>        |                           |
|-------------------------------|--------------|----------------|------------------|---------------------------|
| X Remove                      | <u>V</u>     | Mike Jo        | ones .           |                           |
| X Add                         | <u>sv</u>    | Sally Sr       | nith             |                           |
| Type of Action<br>(Check One) | <u>Title</u> |                | Name             | <u>Addres</u> s           |
| 1) Change                     | CFO          | _              | KEITH L. HASKELL | 1650 SAND LAKE RD STE 115 |
| Add                           |              |                |                  | ORLANDO, FL. 32809        |
| X Remove                      |              |                |                  |                           |
| 2) Change                     |              | <del>-</del>   |                  |                           |
| Add                           |              |                |                  |                           |
| Remove 3 ) Change             |              | <del>_</del>   |                  |                           |
| Add                           |              |                |                  |                           |
| Remove                        |              |                |                  | <u></u>                   |
| 4) Change                     |              | _              | · <del></del>    | ,                         |
| Add                           |              |                |                  |                           |
| Remove                        |              |                |                  |                           |
| 5) Change                     |              | _              |                  |                           |
| Add                           |              |                |                  |                           |
| Remove                        |              |                |                  |                           |
| 6) Change                     |              |                |                  |                           |
| Add                           |              |                |                  |                           |
| Remove                        |              |                |                  |                           |

| (Attach additional sheets, if nece                         | ssary). (Be specific)                                     |  |                                   |             |
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| If an amendment provides for provisions for implementing t | <u>an exchange, reclassific</u><br>he amendment if not co | ation, or cancellation<br>ntained in the amend | of issued shares,<br>ment itself: |             |
| (if not applicable, indicate                               | N/A)  |  |                                   |             |
| 'A ·   |   |  |                                   |             |
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|  |   |  |                                   | • "         |

| The date of each amendment(s) adoption: 2 3 2024  date this document was signed.  DECEMBER 31.2024  Effective date if applicable: (no more than 90 days after amendment file date)                               | , if other than the                 |
|--|-------------------------------------|
| tho more than 90 days after amenament file date)   |                                     |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.                                      | this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                                     |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.   | ler action and shareholder          |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.  | dment(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided for 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  |                                     |
| by'''  |                                     |
| (voting group)   |                                     |
| DECEMBER 3, 2024<br>Dated  |                                     |
| Signature  (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary) |                                     |
| REBECCA L. WILLIAMS, E. A.   |                                     |
| (Typed or printed name of person signing)  |                                     |
| PRESIDENT  |                                     |
| (Title of person signing)  |                                     |

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