(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TAC SE	RVICE OF MIAMI INC				
DOCUMENT NUMBER: P9800006	0954				
The enclosed Articles of Amendment and fee					
Please return all correspondence concerning th	nis matter to the following:				
Amanda Jara	millo				
	Name of Contact Person				
J.A. Accountir	ng Services Inc				
	Firm/ Company				
8906 W Flagle	er St. # 219				
	Address				
Miami, FI 331	74				
	City/ State and Zip Code				
amandajara@hot	mail.com				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter, please call:					
Name of Contact Person	at ()at ()Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount	made payable to the Florida Department of State:				
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle, Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

TAC SERVICE OF MIAMI, INC.

· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)		
P98000060954			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following	g ameno	dment(s) to
A. If amending name, enter the new name of the corporation:			
			new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must c		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		 -	
			_
			_
C. Enter new mailing address, if applicable:		- 7	NAT S
(Mailing address MAY BE A POST OFFICE BOX)			
	•	×	
	, , , , , , , , , , , , , , , , , , , ,	<u>N</u>	_3554 _3554 _1
			-필워B
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	င့္မ	F.O.
new registered agent and/or the new registered office address:		<u>ب</u>	REATE PATE
Name of New Registered Agent		. "	Þ
(Florida stree	t address)		
New Registered Office Address:	, Florida		
	City) (Zip C	Code)	
Non-Post and the state of the s			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
, , ,,	, , , , , , , , , , , , , , , , , , , ,		
Signature of New Re	gistered 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)

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:		ny oman, or as an raa.		
X Change	<u>PT</u>	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	<u>Addres</u> s	
1) Change	VP	LEONARDO BARRERA	1330 NE 136TH ST.	_
Add			N. MIAMI, FL 33161	
Remove				•
2) Change	PD	MARIA L RODRIGUEZ	1330 NE 136 ST.	
Add			N. MIAMI, FL 33161	-
Remove				
3) Change				Z S
Add				CRE
Remove			- - 5	TARY TARY
4) Change			7	S SEC
Add			3: 0	TATE ORID/
Remove				> '
5) Change				
Add				-
Remove				-
6) Change				
Add				
Remove				

The date of each amendment(s) adoption: MAY 12, 2015 date this document was signed.		r than the
Effective date if applicable: MAY 12, 2015 (no more than 90 days after amendment file date)	-	
Adoption of Amendment(s) (CHECK ONE) 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. 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):		
"The number of votes east for the amendment(s) was/were sufficient for approval	15	SE
by" (voting group)	HAY	CR!
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	Y 15 PH 3: 04	FILED TARY OF STAT HASSEE, FLORI
Dated MAY 12, 2015 Signature Amanda Jaramillo finanda Jaramillo	· +-	DE A
(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)		
Amanda Jaramillo	,	
(Typed or printed name of person signing)	•	
President		
(Title of person signing)		