## 574079

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:Taxservices of Sou	nth Florida Inc			
DOCUMENT NUME	BER: 574079				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	spondence concerning this ma	itter to the following:			
	Susan Kelley				
		Name of Contact Person	1		
	Taxservices of South Florida Inc				
		Firm/ Company			
	29035 SW 152nd Ave				
	· ·	Address			
	Homestead FL 33033				
		City/ State and Zip Cod	e		
	oni a afatto la la conte a a				
iaxsei	rviceofsf@bellsouth.net	sed for future annual report	notification)		
	n-mair address: (10 be u	sed for future annual report	normeacony		
For further informatio	n concerning this matter, plea	se cali:			
Susan Kelley		at (	546-4131		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisio Clifton	Address  Iment Section  on of Corporations  Building  Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Taxservices of South Florida Inc. (Name of Corporation as currently filed with the Florida Dept. of State) S74079 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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: 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)	Title	<u>Name</u>	Address .
1) Change	Đ	James Kelley	29035 SW 152nd AVe
Add			Homestead FL 33033
X Remove			
2) X Change	PTD	Susan Kelley	29035 SW 152nd Ave
Add			Homestead FL 33033
Remove			
3 ) Change	S	Ashley Parks	29035 SW 152nd Ave
X Add			Homestead FL 33033
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)						
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C Ifan	amendment provides for an exc	hanga roclassifis	ation or cancella	tion of issued shar	'AL	
r, <u>Itali</u>	visions for implementing the am	andment if not co	ntained in the an	rendment itself	<u> </u>	
prov	(if not applicable, indicate N/A)	enginejie ii noceo	mained in the an	terrande reserve		
	(ij noi appacame, mateau 1021)					
N/A						
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					<del></del> -	
					<u>, — —                                   </u>	

	June 1st 2019	
The date of each amendment(s date this document was signed.	) adoption:, i	f other than the
	une 1st 2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
June 1st Dated	2019	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Susan Kelley	
	(Typed or printed name of person signing)	
	PTD	
	(Title of person signing)	<del></del>