V27588

(Re	questor's Name)	
(Ad	dress)	
·	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· -
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: NORTHSIDE TAY	SERVICE INC	
DOCUMENT NUMBE			·
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
S	IAWN L WESLEY		
_		Name of Contact Person	1
		Firm/ Company	
40	99 N MONROE STREET		
		Address	
Т	ALLAHASSEE, FL 32303		
	_	City/ State and Zip Cod	c
SHAV	vn@tallytaxman.co	MC	•
	E-mail address: (to be used for future annua	l report notification)
For further information of	concerning this matter, plea	se call:	
SHAWN L WESLEY		at (443-2269
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:
S35 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)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisio The Co	lment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NORTHSIDE TAX SERVICE INC	·	
(Name of Corporation as currently filed with the Florida Dept. of State)		
V27588		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>corporation</i> adopts the foundation:	ollowing amendment(s)) to its Articles of
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company," or "incorporat "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporatio "chartered," "professional association," or the abbreviation "P.A."	ted" or the abbreviation on name must contain	i "Corp.," the word
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the	
Name of New Registered Agent		
Name of New Negasierea (Seni		
(Florida street address)		
(Final sirect data ess)		
ACT ACQUITE THE THEORY	rida(Zip Code)	
(City)	(Zip Coue)	
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar with and accept the obliga-	ttions of the position.	
		N :
Signature of New Registered Agent, if changing		21 55
	•	part.
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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 = Vtce 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>PT</u>	John D	<u>o</u> e	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		ALICE K CRUM	173 RED FERN RD
X Add				HAVANA, FL 32333
Remove				
2) Change	-			
Add				
Remove 3) Range				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				,
Add				
Remove				

Page 2 of 6

		<u> </u>
The general and/or specific profollows (optional):	oublic benefit(s) to be cre	rated by the corporation (in addition to its general purpo
The additional qualifications	of Benefit Director(s), it	fany, are as follows:
		s) and/or Benefit Officer(s), if any: Name and Title:
Name and Title:		
Address:		Address:
		tachment if necessary)
	(Include att	,,
The corporation, in accordan	ice with the required min	nimum status vote, terminates its status as a Florida Professed purpose for which the corporation is organized

e.	
	·
The public benefit for which the corporation	on is arvantzed is:
·	
	- <u>-</u>
The specific public benefit(s) to be created	by the corporation (in addition to the above) is/are as follows (optional):
The additional qualifications of Benefit Di	rector(s), if any, are as follows:
	Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Benefit Name and Title:	t Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title:	t Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Benefit Name and Title:	t Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Benefit Name and Title: Address: (The cornoration, in accordance with the recordance)	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: Include attachment if necessary) quired minimum status vote, terminates its status as a Florida Profit Socia
The name(s) and address(es) of the Benefit Name and Title: Address: (The cornoration, in accordance with the recordance)	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: Include attachment if necessary)
The name(s) and address(es) of the Benefit Name and Title: Address: (The cornoration, in accordance with the recordance)	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: Include attachment if necessary) quired minimum status vote, terminates its status as a Florida Profit Socia

G.	If amending or adding additional Articles	s, enter change(s) here:
	(Attach additional sheets, if necessary). ((Be specific)
_		
_		
Н.	If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
N/a	• • • • • • • • • • • • • • • • • • • •	
	Α	
_		

The date of each amendment(s) date this document was signed.) adoption:	, if other than the
Effective date if applicable:	7-26-21	
Enterior date in appreciate.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
py	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated	7-26-21	
Signature	Ahave 2 wells a director, president or other officer - if directors or officers have not been	_
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted (iduciary by that (iduciary))	
	SHAWN L WESLEY	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	