P03000081918

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	10	- 40
(Cit	ty/State/Zip/Phon	θ#)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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06/02/10--01022--005 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORID,

TIME

Amend

TB

JUN 18 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	JAH INSURANCE BROKERS CORPORATION			
DOCUMENT NUMBER:	P03000081918			
The enclosed Articles of Amendme	and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
	JIM SIERRA			
	Name of Contact Person			
	TAXSMART, LLC			
	Firm/ Company			
	6550 SW 87 AVENUE			
· · · · · · · · · · · · · · · · · · ·	Address			
	MIAMI, FL 33165			
· <u> </u>	City/ State and Zip Code			
E-mail add	ress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
JIM SIERRA	at (305) 271-7310			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:			
[2] \$35 Filing Fee ☐ \$43.75 Filing Certificate of				
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			



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2010

JIM SIERRA TAXSMART, LLC 6550 SW 87 AVE MIAMI, FL 33165

SUBJECT: JAH INSURANCE BROKERS CORPORATION Ref. Number: P03000081918

We have received your document for JAH INSURANCE BROKERS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 810A00013939

Articles of Amendment to **Articles of Incorporation**

JAH INSURANCE BROKERS CORPORATION

• •		-	
e de la companya de l	Articles of A	mendment	›. •
*	to		a Pi
• •	Articles of Inc	orporation	My KE
IAH INGI IDA		CORDODATION	AND AND 24 ALE CRETARY OF DE 24 AND 24
	NCE BROKERS (as currently filed with		ate) AHAAA
		F	755F OF 24
(Decu	P03000081918 nent Number of Corporat		
Pursuant to the provisions of section amendment(s) to its Articles of Incorp	607.1006, Florida Statu	•	,
A. If amending name, enter the new	name of the corporation	n:	
·		;	The new
name must be distinguishable and abbreviation "Corp.," "Inc.," or Ca name must contain the word "chartere	," or the designation "C	orp," "Inc," or "Co".	or "incorporated" or the A professional corporation
B. Enter new principal office addres	ss. if applicable:	3625 NW 82 AVE.	SUITE 405
(Principal office address MUST BE			
		MIAMI, FL 33166.	· ·
C. Enter new mailing address, if an (Mailing address MAY BE A POS	plicable: TOFFICE BOX	3625 NW 82 AVE.	SUITE 405
		MIAMI. FL 33166	
D. If amending the registered agent	and/ar registered affice	address in Flarida and	tor the name of the
new registered agent and/or the			the name of the
Name of Nov. Paristoned days	. .		•
Name of New Registered Agen	<u> </u>		
N. P. 11. 10. 00-11.	(F)	da d	.
· New Registered Office Address	(Piori	da street address)	
	- 400	//7.	Florida
	(City)	(21)	p Code)
New Registered Agent's Signature if	changing Registered A	gent:	11 a
hereby accept the appointment as reg	istered agent. I am fami	uar with and accept the	obligations of the position.
			·
	Signature of New	Registered Agent, if cha	inging

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)

<u>Title</u>	<u>Name</u>	Address		Type of Action
<u>PD</u>	HELENA P CARRILLO	3363 NE 163 ST N.MIAMI BEACH		☐ Add ☑ Remove
<u>VPD</u>	FREDY A PEREZ	3363 NE 163 ST N.MIAMI BEACH		☐ Add ☐ Remove
PD	PATRICIA SALAZAR	16275 COLLINS SUNNY ISLES		✓ Add □ Remove
	ling or adding additional Artiditional Artiditional sheets, if necessary).			-
-	· · · · · · · · · · · · · · · · · · ·			
F Ifon an	nendment provides for an excl	hange reclassification or ca	ncellation of iss	ued shares
provisio	ons for implementing the amer ot applicable, indicate N/A)			
	يديد المعنى أالدرسانية إنسا عليان الدا	a service against the service of the	2.34	and the second
:			+	
			<u></u>	

The date of each amendmen	t(s) adoption: 0524/10
. **	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 05/2	
(B;	y a director president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	PATRICIA SALAZAR
	(Typed or printed name of person signing)
	PRESIDENT
- · · · · · · · · · · · · · · · · · · ·	(Title of person signing)

Page 3 of 3