PD90008/03/

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Kroud Jan 13

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: ACCOUNT	ING MAX SERV	ICES, INC.
DOCUMENT NUMBER: P0900008103		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARY TOVAR		
	Name of Contact Person	1
ACCOUNTING N	MAX SERVICES,	, INC.
	Firm/ Company	
6635 W COMME	RCIAL BLVD ST	TE 110
	Address	_
TAMARAC, FL 3	331	
	City/ State and Zip Code	e
accountingmax@cor	mcast.net	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
MARY TOVAR	at (954	, 724-1114
Name of Contact Person	Arca Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status
	(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
<u> Mailing Address</u>	enclosed) Street	(Additional Copy is enclosed) Address
Amendment Section	enclosed) Street Amend	(Additional Copy is enclosed) Address ment Section
	enclosed) Street Amend Divisio Clifton	(Additional Copy is enclosed) Address

OIVISION OF TAFILED

13 SUN 28

AN 11: 18

Articles of Amendment to Articles of Incorporation of

		01	
ACCOUNTING M	AX SERVIC	CES. INC.	

(Name of Corporation as currently filed with the	Florida Dent. of State)
P0900081031	,
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
· (Florida :	street address)
New Registered Office Address: (Cit	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	r with and accept the obligations of the position.
Signature of New Registered	d 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 De	<u>ne</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	S		ANDRES F LOPEZ	6635 W COMMERCIAL BLVD
X Add		_ -		SUITE 110
Remove				TAMARAC, FL 3331
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
I/A	• • •
	
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	- · · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

The date of each amendment(s) ado	ption: 06/01/2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required. Dated Signature	ted by the incorporators without shareholder action and shareholder
(By a dire	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
• •	
<u></u>	MARY TOVAR
	(Typed or printed name of person signing)
F	PRESIDENT
	(Title of person cigning)

COVER LETTER

TO: Amendment Section Division of Corporations

	ACCOUNT ER: P0900008103		ICES, INC.
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	MARY TOVAR		
-	ACCOUNTING M	Name of Contact Person	
-		Firm/ Company	
	6635 W COMME		E 110
	TAMARAC, FL 33	Address 331	
·		City/ State and Zip Code	2
acc	ountingmax@con	ncast.net	
	•	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
MARY TOVA	R	at (954	, 724-1114
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301