

8/9/2017

P170002113353
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000211335 3))



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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : INREP, LLC
Account Number : 120170000048
Phone : (954)816-0169
Fax Number : (954)301-0210

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INREP101@OUTLOOK.COM

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BROTHERS ACCOUNTING AND MULTISERVICES, INC**

RECEIVED
17 AUG 14 PM 2:10
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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S. YOUNG
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8/11/2017 9:42:27 AM PAGE 1/001 Fax Server

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August 11, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BROTHERS ACCOUNTING AND MULTISERVICES, INC
12991 NW 1ST ST BLDG 5
203
PEMBROKE PINES, FL 33028

SUBJECT: BROTHERS ACCOUNTING AND MULTISERVICES, INC
REF: P17000003934

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE BROTHERS MULTI SERVICES INC - P15000076377

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) 245-6050.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H17000211335
Letter Number: 717A00016423

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BROTHERS ACCOUNTING AND MULTISERVICES, INC

DOCUMENT NUMBER: P17000003934

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN REYES
Name of Contact Person

INREP, LLC
Firm/ Company

7871 NW 11TH ST
Address

PLANTATION, FL 33322
City/ State and Zip Code

INREP@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISRRAEL I GONZALEZ at (954) 218-2270
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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Articles of Amendment
to
Articles of Incorporation
of

BROTHERS ACCOUNTING AND MULTISERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000003934

(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:

BROTHERS MULTISERVICES GROUP INC

The new 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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2821 SW 119TH WAY

MIRAMAR FL 33025

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2821 SW 119TH WAY

MIRAMAR FL 33025

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

INREP LLC

7871 NW 11TH ST

(Florida street address)

New Registered Office Address:

PLANTATION

Florida 33322

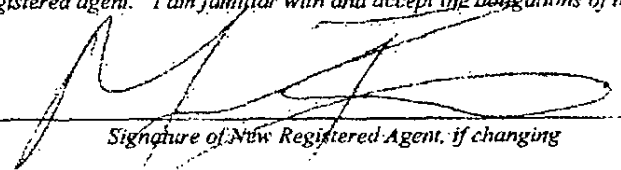
(City)

(Zip Code)

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17 AUG 14 AM 8:50
TALLAHASSEE, FLORIDA

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

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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 - 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 P/T 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, P/T as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>P/T</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>ISRAEL GONZALEZ</u>	<u>12991 NW 1ST ST BLDG 5</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33028</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>ISRRAEL I GONZALEZ</u>	<u>2821 SW 119TH WAY</u>
<input checked="" type="checkbox"/> Add			<u>MIRAMAR FL 33025</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>ISMER GONZALEZ</u>	<u>2821 SW 119TH WAY</u>
<input type="checkbox"/> Add			<u>MIRAMAR FL 33025</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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):

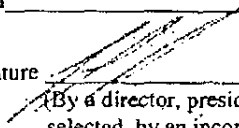
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

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.

08/08/2017
Dated _____

Signature  _____

(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)

ISRRAEL I GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)