110800005356

| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (Cit. (Cit. (Cit. (Cit. cit. 45) |
| (City/State/Zip/Phone #) |
| PICK-UP " WAIT MAIL |
| (Business Entity Name) |
| |
| (Døcument Number) |
| Certified Copies Certificates of Status : . : |
| Special Instructions to Filing Officer: |
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| |
| Office Use Only |



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2009 OCT 28 AM 2: 00

SECRETARY OF STATE, TANKSSEE, FISHER,

JMC Multi Services, Inc.

2893 West Sunrise Boulevard Fort Lauderdale, FL 33311 Telephone (954) 791-1701 FAX (954) 584-4224 e-mail: jmcclsvs@aol.com

October 27, 2009

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Tax Me Corp

Articles of Amendment

Dear Sir:

Enclosed, please find paperwork requesting amendment to articles previously filed for the above non-profit corporation.

I have also enclosed, return fly bill and envelope for UPS. Upon completion, please **return via UPS** as soon as possible. I am most appreciative of your cooperation in this matter.

Thank you,

Verdie M. Allen

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Tax Me Corp | | | | |
|----------------------------------|--|--|---|--|
| DOCUMENT NUM | BER: N08000005356 | | | |
| The enclosed Articles | of Amendment and fee are subm | itted for filing. | | |
| Please return all corre | espondence concerning this matte | r to the following: | | |
| | | M. Allen | | |
| | (Name of C | ontact Person) | • | |
| | JMC Multi | Services, Inc. | | |
| ··· | (Firm/ | Company) | | |
| | 2893 W Sur | rise Boulevard | | |
| | · (Ac | ldress) | | |
| | Fort Lauder | dale, FL 33311 | | |
| | (City/ State | and Zip Code) | | |
| | jmcclsvs E-mail address: (to be used | @aol.com for future annual report no | tification) | |
| For further information | on concerning this matter, please | eall: | | |
| Verdie M. Allen | | at (954) 791- | 1701 | |
| (Name | of Contact Person) | | aytime Telephone Number) | |
| Enclosed is a check for | or the following amount made pay | able to the Florida Depart | ment 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) | |
| | ng Address | Street Address | , | |
| | dment Section on of Corporations | Amendment Section of Corporation of Corporation (Corporation) | | |
| P.O. Box 6327 | | Clifton Building | | |
| Tallahassee, FL 32314 | | 2661 Executive C | enter Circle | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



Tax Me Corp

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

N08000005356

(Document Number of Corporation (if known)

| . If amending name, enter the new name | me of the corporation: | |
|---|--|--------------------------|
| - | | |
| ne new name must be distinguishable ar breviation "Corp." or " Inc." <u>"Compan</u> | | |
| Enter new principal office address, if | | |
| rincipal office address <u>MUST BE A ST</u> | <u>KEE [ADDRESS)</u> | <u> </u> |
| | | |
| Enter new mailing address, if application | | - |
| (Mailing address MAY BE A POST O | FFICE BOX) | |
| | | |
| | | |
| | | |
| If amanding the registered agent and | lor registered office address in Florida | a, enter the name of the |
| | registered office address: | |
| new registered agent and/or the new | registered office address: | |
| | registered office address: | |
| new registered agent and/or the new | registered office address: (Florida street address) | |
| <u>Name of New Registered Agent:</u> | · | Florida |
| <u>Name of New Registered Agent:</u> | · | , Florida (Zip Code) |
| Name of New Registered Agent: New Registered Office Address: | (Florida street address) (City) | , Florida (Zip Code) |
| new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: www.Registered Agent's Signature, if charactereby accept the appointment as registered. | (Florida street address) (City) anging Registered Agent: | |
| <u>Name of New Registered Agent:</u> | (Florida street address) (City) anging Registered Agent: | |

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> | Name | Address | Type of Action | |
|---|--|---------------------------------|----------------|--|
| Dir | Pauline Nevers | 3369 NW 23rd Street | ☑ Add | |
| | | Lauderdate Lakes, FL 33311 | ☐ Remove | |
| | | | | |
| <u>Dir</u> | Roschelle J. Franklin, Jr. | 771 NW 22nd Road | ☑ Add | |
| | | Ft. Lauderdale, FL 33311 | ☐ Remove | |
| | | | | |
| | - | | ☐ Add | |
| | | | ☐ Remove | |
| | | | | |
| E Kamandina | an adding additional Attales, automal | hanga(a) hana | | |
| | or adding additional A ticles, enter clional sheets, if necessary). (Be specific | | | |
| • | provide income tax preparation se | • | free of charge | |
| Artiolo III. To | provide income tax proparation of | 3141003 4114701 6 1110 60141000 | Thoo or onling | |
| to persons w | ho meet certain income and indige | entcy qualifications. | | |
| This corporation is organized exclusively for charitable purposes within the meaning of | | | | |
| Section 501(c)(3) of the Internal Revenue Code. | | | | |
| Notwithstanding any other provisions of these articles, the corporation shall not carry on | | | | |
| any other activities not permitted to be carried on (a) by a corporation exempt from Federa | | | | |
| income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the | | | | |
| corresponding provision of any future United States Internal Revenue Law) or (b) by a | | | | |
| corporation contributions to which are deductible under Section 170(c)(2) of the Internal | | | | |
| Revenue Co | de of 1986 (or the corresponding p | provision of any future United | States | |
| Internal Reve | enue Law.) | | | |
| Upon the winding up and dissolution of this corporation, after paying or adequately | | | | |
| providing for the debts and obligations of the corporation, the remaining assets shall be | | | | |
| distributed to a nonprofit fund, foundation, or corporation which is organized and operated | | | | |
| exclusively for charitable, educational, religious and/or scientific purposes and which has | | | | |
| established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code. | | | | |

| ·The date of each amendment(s) | adoption: October 20, 2009 |
|--|---|
| | (date of adoption is required) |
| Effective date if applicable: | October 20 2009 |
| | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a was/were sufficient for approv | adopted by the members and the number of votes cast for the amendment(s) al. |
| There are no members or men adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were fors. |
| Dated Octobe | er 22, 2009 |
| Signature \ | rdison. Della |
| (By the | e chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) |
| | Verdie M. Allen |
| - | (Typed or printed name of person signing) |
| _ | President |
| | (Title of person signing) |