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SECRETARY FLORIDA
TALLAHASSEE, FLORIDA

Amend Manue Chs Malo 8/10

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	J & M	Accounting & Tax	Servic	e Inc
DOCUMENT NUMBER:			P02000096776		
The enclosed Artic	cles of Amendment a	nd fee are sul	omitted for filing.		
Please return all co	orrespondence concer	ning this mat	ter to the following:		
			aul Rubin		
		Name o	Contact Person		
	R	ubin & Asso	ciates CPA Firm PA		
		Fir	n/ Company		<del></del>
	2080 NW 2nd Ave Suite 6				
Address			<del></del>		
		Roca P	aton El 33431		
Boca Raton, Fl 33431  City/ State and Zip Code					
		paul@jmtax	service.com		
	E-mail address: (	to be used for fi	uture annual report notificat	ion)	
For further inform	ation concerning this	matter, pleas	e call:		
	Paul Rubin		at ( 561 )	750-	8299
Name	e of Contact Person		Area Code & Daytin	ne Telepho	one Number
Enclosed is a chec	k for the following an	mount made p	payable to the Florida D	epartme	nt of State:
□ \$35 Filing Fee	\$43.75 Filing Fee Certificate of Sta		\$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 Corporation Clifton Building 2661 Executive Center		

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2010

PAUL RUBIN J & M ACCOUNTING 2080 NW 2ND AVENUE - SUITE 6 BOCA RATON, FL 33431

SUBJECT: J & M ACCOUNTING & TAX SERVICE, INC.

Ref. Number: P02000096776

We have received your document for J & M ACCOUNTING & TAX SERVICE, INC. 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 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.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is A06207 - RUBIN ASSOCIATES, LIMITED.

The specific business purpose of the professional association must be stated in the document.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00022718

RECEIVED
10 OCT -8 AM 8: 00
SECRETARY OF STATE

#### Articles of Amendment to Articles of Incorporation of

J & M Account	ing & Tax Se	ervice Inc		(R)
(Name of Corporation as curre	ently filed with the	<u>ie Florida De</u>	pt. of State)	
P02	000096776			
(Document Num	ber of Corporation	on (if known)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statute	s, this <i>Florid</i>	a Profit Corporatio	on adopts the follo
A. If amending name, enter the new name of	the corporation	<u>:</u>		
Rubin & Ass	ociates CPA F	irm PA		The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Co	rp," "Inc," o	r "Co". A profess	ional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>				
			<del></del>	
			·	<u> </u>
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)				
D. If amending the registered agent and/or r new registered agent and/or the new regis			orida, enter the na	me of the
Name of New Registered Agent:				
New Registered Office Address:	(Florid	da street addre	ess)	
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Ag	gent:		
hereby accept the appointment as registered a	gent. I am famil	iar with and a	eccept the obligation	is of the position.
	Signature of New .	Registered Ag	ent, 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)

Tit <u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ D
<del></del>			
(attach	ending or adding additional Argaditional sheets, if necessary).	(Be specific)	
The PA	is a licensed CPA firm perf	orming public accounting and tax	preparation.
prov		change, reclassification, or cancellati endment if not contained in the amer	

The date of each amendment	(s) adoption: 9/15/10
•	(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)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- J	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_9/15	/10
sele	r a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Paul Rubin
	(Typed or printed name of person signing)
	President
	(Title of person signing)