

number (shown below) on the top and bottom of all pages of the document.

(((H09000134035 3)))



H090001340353ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617- 6380

From:

Account Name : LAMARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

Fax Number : (305)220-1440

COR AMND/RESTATE/CORRECT OR O/D RESIGN

COMPLETE CHOICE ACCOUNTING SERVICES INC.

Certificate of Status	 0
Certified Copy	 0
Page Count	 04
Estimated Charge	 \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H09000134035

Articles of Amendment to Articles of Incorporation

Complete Choice Accounting Services Inc. (Name of Corporation as currently filed with the Florids Dept. of State) P05000026346 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. ICamending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 16900 North Bay Road #1804 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sunny Isles, FL 33160 C. Enter new mailing address, if applicable: 16900 North Bay Road #1804 (Mailing address MAY BE A POST OFFICE BOX) Sunny Isles, Florida 33160 D. If amending the registered agent and/or registered office address in Florida, anter the name of the new registered agent and/or the new registered office address; Roberto Gonzalez Name of New Registered Agent: 16900 North Bay Road #1804 New Registered Office Address: (Florida street address) Sunny Isles Florida 33160 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agenti I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Ignature of New Registered Agent, if changing

Page 1 of 3

FAX NO. :3052201440

H09000134035

li 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)

Title	Name	Address	Type of Action
<u>P.LD</u>	Sylvia Pineda	823 NE 199 Street #203	☐ Add
	· · · · · · · · · · · · · · · · · · ·	North Miami Beach, Ft 33179	☑ Remove
PTD	Roberto Gonzalez	16900 North Bay Road #1804 Sunny lates, Florida, 33160	. ☑ Add ☐ Remove
			□ Add
	•		Romove
E. If amond (attach ad	ling or adding additional Articles, ente Idilional sheets, if necessary). (Be spec	r chango(s) here: rific)	
	P((
		· · · · · · · · · · · · · · · · · · ·	
			
— —————	,		
	11		· · · · · · · · · · · · · · · · · · ·
			
·			

Page 2 of 3

Jun. 03 2009 04:09PM P5

H09000134035

The date of each amendmen	(s) adoption:JONE	2, 2009
Effective date if applicable:	June 2, 2009	,
	(no more than 90 days after amend	iment file data)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	e adopted by the members and the toval.	number of votes cast for the amendment(s)
There are no members or adopted by the board of dis		ndment(s). The amendment(s) was/were
Dated June	2, 2009	, · ·
Signature	Suis Por	de
(By hav		e board, president or other officer-if directors ator - if in the bands of a receiver, trustee, or iductary)
	Sylvia P	neda
	(Typed or printed name	of person eigning)
	Presid	ent
	(Title of person s	ligning)

Page 3 of 3