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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Service, Inc. NAME OF CORPORATION: TUIT-BOOKKEEPING DOCUMENT NUMBER: P05000107545 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Full Bookkeeping Sovice, Inc. 3170 Leewood Ter L112 Boca Rolon, FL 33431

City/ State and Zip Code F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ingrid Colella at (561) 2143816

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 & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	7 II ticles of 7 intendment	
7	to	511
	Articles of Incorporation	· IL FA
	of	2009
	Full Bookkeeping Service, Inc.	SECO- PAID
	(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAH MARY OF PM 12: 08
	P05000 107545	MASSEE, FLORIE
	(Document Number of Corporation (if known)	-OR/DA

N/A		_ The n
	he designation "Ĉo	oration," "company," or "incorporated" or t orp," "Inc," or "Co". A professional corporati tion," or the abbreviation "P.A."
Enter new principal office address, if applicable:		N/A
rincipal office address <u>MUST BE A STRE</u>	EET ADDRESS)	
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		N/A.
If amending the registered agent and/or new registered agent and/or the new registered agent a		address in Florida, enter the name of the lress:
new registered agent and/or the new re-	gistered office add	
<u>Name of New Registered Agent:</u>	gistered office add	lress:

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)

Title .	<u>Name</u>		Address	Type of Action
VP	Gustavo	Colella	3170 (sewood Tei 112 Boog Rotton Fl 3343)	Add Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
N/A	dditional sheets, if necess			
			classification, or cancellation of iss	
	ons for implementing the ot applicable, indicate N		not contained in the amendment is	tself:

The date of each amendment	(s) adoption: 7/29/09
•	· (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 statemend 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/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
DatedO	7/29/09
sele	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 ointed fiduciary by that fiduciary)
	Togrid Colella (Typed or printed name of person signing)
	Resident.
	(Title of person signing)