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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u> </u>	BUSINESS SERVICES, INC.
DOCUMENT NUMBER: POGOOC	0033624
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
CINDY C	Hacon . Contact Person)
	INESS SERVICES, INC.
10745 EM	Address)
Boca Ra- (City/ State For further information concerning this matter, pl	te and Zip Code)
	at ( <u>954</u> ) <u>970 – 7331</u> (Area Code & Daytime Telephone Number)
\$35 Filing Fee \$\times \text{Certificate of Status}\$	•
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

## Articles of Amendment to Articles of Incorporation of

Florida Dept. of State)
624
if known)
s, this <i>Florida Profit Corporation</i> tion:
abbreviation "Corp.," "Inc.," or "Co.") al association," or the abbreviation "P.A.")
ANGE) Indicate Article Number(s)
PECIFIC)
(ADD)
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<b>4</b> 1.
7.00 <b>MA</b>
(ADD)
OF S
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ssary)
ncellation of issued shares, provisions Iment itself: (if not applicable, indicate N/A
•

The date of each amendment(s) adoption:
Effective date if <u>applicable</u> : 05-01-06.  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signature X Circly Chocon  (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)  CINDY CHACON.  (Typed or printed name of person signing)
Title of person signing)
(Title of person signing)

FILING FEE: \$35