# P0600050500)

| (Re                       | questor's Name)   | <u> </u>  |
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| (Cit                      | y/State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT            | MAIL      |
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| (Do                       | currient Number)  |           |
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SECRETARY OF STATE

# **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |
|---|
| NAME OF CORPORATION: L&P TAX Services Inc   |
| DOCUMENT NUMBER: POGODO SOSOO   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Name of Contact Person  1 & P Tax Services Inc  Firm/Company  1943 Sw 173 AVE  Address  Miramar FL 33029  City/State and Zip Code  Lucile Massenat & Amail. com   |
| E-mail address: (to be used for future annual report mouthication)  |
| For further information concerning this matter, please call:  |
| Name of Contact Person  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:   |
| \$\bigsize \text{\$\substack{\substack{1.75}}{\substack{1.75}}} \text{Filing Fee & Certificate of Status (Additional copy is enclosed)} \bigsize \text{\$\substack{\substack{1.75}}{\substack{1.75}}} \text{Filing Fee & Certificate of Status (Additional copy is enclosed)} \bigsize \text{\$\substack{1.75}}{\substack{1.75}}} \text{Filing Fee & Certificate of Status (Additional copy is enclosed)} |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle   |

Tallahassee, FL 32301

|   | <b>~</b>  |
|---|---|
| Articles of Ame   |   |
| to<br>Articles of Incor   | porntion 13 IAM to  |
| of of   | 111 1211 1  |
| L&P Tak Services  |   |
| (Name of Corporation as currently filed with the Flor   | ida Dent. of State)   |
| P06000050500  |   |
| (Document Number of Corporation (if k   | nown)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:                    | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
| IMP Multy Servi   |   |
| name must be distinguishable and contain the word "corporation,"  |   |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co  | ". A professional corporation name must contain the           |
| word "chartered," "professional association," or the abbreviation "P  | 4."   |
| B. Enter new principal office address, if applicable:   | 1943 SW 173 AUS   |
| (Principal office address MUST BE A STREET ADDRESS)   | Micana Fl   |
|   | Miramar FL  |
|   | 33029   |
|   | · _   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 1943 SW 173 AVC   |
|   | Micanous Fl   |
|   | Miramar FL  |
|   | 33029   |
|   |   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | s in Florida, enter the name of the                           |
| 1.1/2 M   | issenat   |
| Name of New Registered Agent LUCIE YXIO   | 33 Criais   |
| 1943 SW 173   | 3VA   |
| (Florida street   | address)  |
| New Registered Office Address: Mt r Amar  | Florida 33029 (Zip Code)                                      |
| (City)  | (Zip Code)  |
|   |   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:   | Advance the abbinations of the modition                       |
| I hereby accept the appointment as registered agent, I am familiar win  | n and accept the obligations of the position.                 |
|   | <del>\</del>  |
| 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u>PT</u> | John Doe    |  |
|-------------------------------|-----------|-------------|--|
| X Remove                      | Y         | Mike Jones  |  |
| X Add                         | <u>sy</u> | Sally Smith |  |
| Type of Action<br>(Check One) | Title     | Name        | Address                                |
| 1)Change                      |           |             |  |
| Add                           |           |             | <i></i>                                |
| Remove                        |           |             | /                                      |
| 2)Change                      |           | _           |  |
| Add                           |           |             |  |
| Remove                        |           |             |  |
| 3)Change                      |           | _ \         |  |
| Add                           |           |             | •••                                    |
| Remove                        |           |             |  |
| 4) Change                     |           |             | <u> </u>                               |
| Add                           |           |             | ************************************** |
| Remove                        |           |             |  |
| 5) Change                     |           | _ \         |  |
| Add                           |           |             | <del></del>                            |
| Remove                        | /         | ,           |  |
| 6) Change                     |           |             |  |
| Add                           |           |             |  |
| Remove                        |           |             |  |

| Nangi                                 | ng Com  | pany name                               | fon                          |             |
|---------------------------------------|---|---|------------------------------|-------------|
| J.                                    |   |   | J                            |             |
| & P                                   | Tax Se  | rvices Inc                              | +0                           |             |
| 116                                   | 100 11  |   |                              |             |
| MP_                                   | Multy   | Services                                | Lnc                          | •           |
|                                       |   |   |                              |             |
|                                       |   |   |                              | <del></del> |
| · · · · · · · · · · · · · · · · · · · | <u></u> .                                     |   |                              |             |
|                                       |   |   | · ·                          |             |
|                                       |   |   |                              |             |
|                                       |   | i Phi i Military y a                    | 16-10                        |             |
|                                       |   |   |                              |             |
|                                       |   |   |                              |             |
|                                       |   |   |                              |             |
|                                       | t provides for an exc                         | hange, reclassification, or ca          | ncellation of issued shares. |             |
| amendmer                              | implementing the arm<br>icable, indicate N/A) | endment if not contained in t           | ne amendment itseit;         |             |
| visions for i                         | •   |   |                              |             |
| visions for i                         | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       |   |                              |             |
| visions for i                         |   | *************************************** |                              |             |
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| visions for i                         |   |   |                              |             |

| The date of each amendment(s) adoption: Oct 1 20/2   |
|--|
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s) (CHECK ONE)   |
| The amendment(s) was/were adopted 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.   |
| Dated 1 11 13  |
| Signature  |
| (By a director, president of 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)   |
| Genot Masserrat  |
| (Typed or printed name of person signing)  |
| President (100)  |
| (Title of person signing)  |



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# **Detail by Entity Name**

# Florida Profit Corporation

L & P TAX SERVICES INC

# Filing Information

Document Number P06000050500 FEI/EIN Number 021782275 Date Filed 04/10/2006 FL

State

**INACTIVE Status Effective Date** 04/05/2006

ADMIN DISSOLUTION FOR ANNUAL REPORT Last Event

**Event Date Filed** 09/26/2008 **Event Effective Date NONE** 

## Principal Address

6754 PINES BLVD SUITE A PEMBROKE PINES FL 33024

#### Mailing Address

6754 PINES BLVD SUITE A PEMBROKE PINES FL 33024

# Registered Agent Name & Address

MASSENAT, PIERROT 1921 SW 162 AVE MIRAMAR FL 33027 US

## Officer/Director Detail

#### Name & Address

Title P

MASSENAT, PIERROT 1921 SW 162 AVE MIRAMAR FL 33027

Title VP

MASSENAT, LUCILE 1921 SW 162 AVE MIRAMAR FL 33027

### **Annual Reports**

#### Report Year Filed Date 2007 04/30/2007