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MAY 08 2013 R. WHITE SECRETARY OF STATE TAELAHASSEE, FEORIO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	MG OFFIC cr. P0600007981	E SYSTEMS IN	<u>C</u>
	f Amendment and fee are su		
Please return all corresp	ondence concerning this mat	tter to the following:	
	N	MONICA GERMA	AN
_		Name of Contact Persor	1
		Firm/ Company	
-	8637	ESCONDIDO W	AY EAST
	ВОС	Address A RATON, FL 3	3433
_		City/ State and Zip Code	
	mgtaxse	olutions@yahoo	.com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MONICA GEF	RMAN	_{at (} 954	, 554-7424
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation

FILED 13 MAY -2 PM 3: 40

MG OFFICE SYSTEMS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALEATHASSEE, FEORIDA

	P0600	0079819	
(Documer	nt Number of Corporation (i	f known)	,
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation a	dopts the following amendmen
A. If amending name, enter the new na	nme of the corporation: MG TAX SOLUT	TONS INC	
			The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "	Co". A professional corpor	ation name must contain the
B. Enter new principal office address,	if annlicable	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli	igables		
(Mailing address MAY BE A POST		N/A	<u> </u>
			
D. If amending the registered agent an			me of the
new registered agent and/or the new		<u>:</u>	
Name of New Registered Agent	N/A		_
	(Florida sti	reet address)	-
	N/A		
New Registered Office Address:	(City)	, Florida	(Zip Code)
	, ,		
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligation	ns of the position.
			_
Si	gnature of New Registered	Agent, 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	N/A
Add		,	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

E. If amending or adding additional Art	ticles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
······································	
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
1 977 3	

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated APRIL	20 2013
(By a d	irector, president of other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Monica German
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)