

PO 6000140594

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : TAXPLACE CORP.  
Account Number : I20050000203  
Phone : (772) 460-1000  
Fax Number : (772) 460-7973

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**EL PROFESSIONAL SERVICES, CORP**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EL PROFESSIONAL SERVICES, CORP.DOCUMENT NUMBER: P06000140594The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO RIBEIRO

(Name of Contact Person)

TAXPLACE CORP

(Firm/ Company)

2721 S. US 1 SUITE # 9

(Address)

Fort Pierce, FL 34982

(City/ State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO RIBEIRO

(Name of Contact Person)

at ( 772 )460-1000

(Area Code &amp; Daytime Telephone Number)

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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

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**Articles of Amendment**  
 to  
**Articles of Incorporation**  
 of

**EL PROFESSIONAL SERVICES, CORP.**

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

P06000140594

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

**E.M.T.P.S. CORP**

(Must contain the word "corporation," "company," "or incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
 (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Name: Elioenai S Carvalho

Address: 2060 Dogwood St NE Palm Bay, FL 32907

Title: President-Director

Shares: 100%

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 TALLAHASSEE, FLORIDA

FILED

(Attach additional pages if necessary)

It an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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The date of each amendment(s) adoption: 02/12/07Effective date if applicable: 02/12/07  
(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 \_\_\_\_\_

(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)

\_\_\_\_\_  
ELIOENAI S CARVALHO

(Typed or printed name of person signing)

\_\_\_\_\_  
President/Director

(Title of person signing)

FILING FEE: \$35