06000/5306

(Requestor's Name)	
(Address)	
(Address)	į
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u> </u>
(Business Entity Name)	. , , ,
(Document Number)	
Certified Copies Certificates of Status	HIN
Special Instructions to Filing Officer:	W
	7
Office Use Only	'



300157268513

06/29/09--01028--002 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

Certificate of Status Certified Copy Certificate of (Additional copy is enclosed) Certified Co	ORPORATION: THE RUBENS	TEIN GROUP, INC.
Please return all correspondence concerning this matter to the following: WILLIAM W. RUBENSTEIN Name of Contact Person THE RUBENSTEIN GROUP, INC. Firm/ Company 409 N. STATE RD 7 Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN 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:	NUMBER: P06	6000153060
WILLIAM W. RUBENSTEIN Name of Contact Person THE RUBENSTEIN GROUP, INC. Firm/ Company 409 N. STATE RD 7 Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN 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: S35 Filing Fee Certificate of Status Certificate Opy (Additional copy is enclosed) Certificate Co (Additional	Articles of Amendment and fee are submitted for f	iling.
THE RUBENSTEIN GROUP, INC. Firm/ Company 409 N. STATE RD 7 Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN 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: S35 Filing Fee S43.75 Filing Fee \$ Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Certified Co (Additional	all correspondence concerning this matter to the following	lowing:
THE RUBENSTEIN GROUP, INC. Firm/ Company 409 N. STATE RD 7 Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN Name of Contact Person at (954) 972-7579 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee		
Firm/ Company 409 N. STATE RD 7 Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN Name of Contact Person at (954) 972-7579 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$ \$43.75 Filing Fee & \$52.50 Filing Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Co (Additional	Name of Contact Person	n .
Address MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN Name of Contact Person at (954) 972-7579 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Co (Additional	THE RUBENSTEIN GRO	OUP, INC.
MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN at (954) 972-7579 Name of Contact Person	Firm/ Company	
MARGATE, FL 33063 City/ State and Zip Code POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN at (954) 972-7579 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	409 N. STATE RI)7
POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN at (954) 972-7579 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 Certificate of Status Certified Copy Certificate of Certified Copy Certificate of Certified Copy Certificate of Certified Copy Certificate of Certified Copy C	Address	1
POMPANOBEACH@LIBERTYTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN at (954) 972-7579 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	MARGATE, FL 33	063
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNN RUBENSTEIN at (954) 972-7579 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: [] \$35 Filing Fee	City/ State and Zip Co	de
LYNN RUBENSTEIN 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: [7] \$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (Additional copy is enclosed)	POMPANOBEACH@LIBERTY E-mail address: (to be used for future annual re	Port notification)
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: [7] \$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy is enclosed) (Additional copy is enclosed)	formation concerning this matter, please call:	
Enclosed is a check for the following amount made payable to the Florida Department of State: [2] \$35 Filing Fee		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$52.50 Filing Fee & ☐ Certificate of Status Certified Copy Certificate of Certified Copy (Additional copy is enclosed)	Name of Contact Person Area C	ode & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of (Additional copy is enclosed) Certified Co (Additional copy is enclosed) (Additional	check for the following amount made payable to the	e Florida Department of State:
Mailing Address Street Address	Certificate of Status Certified C	opy Certificate of Status
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301	dment Section Amendment on of Corporations Division of Cox 6327 Clifton Buil assee, FL 32314 2661 Execu	Section Corporations ding tive Center Circle

Articles of Amendment to Articles of Incorporation of

TEIN GROUP, IN(C.	
tly filed with the Florid	a Dept. of State)	
00153060		
per of Corporation (if kno	wn)	
Florida Statutes, this F	lorida Profit Corporatio \`	n adopts the following
the corporation:		
TAX GROUP, INC.		The new
designation "Corp," "Inc	c," or "Co". A professi	porated" or the onal corporation
cable:		
(ADDRESS)		ES O
		THE STATE OF THE S
<u>E BOX</u>)		9 PH 1: 12
gistered office address i	n Florida, enter the nan	ne of the
(Florida street d	address)	1
· · · · · · · · · · · · · · · · · · ·	, Florida_	
(City)	(Zip Code)	
		s of the position.
	centry filed with the Florid 00153060 Der of Corporation (if known of Corporation) The corporation: TAX GROUP, INC. TAX GROUP, INC. Tax Group in the corporation, or contain association, or contain association association, or contain association association, or contain association association, or contain association association association association association association association association association.	rer of Corporation (if known) Florida Statutes, this Florida Profit Corporation TAX GROUP, INC. The word "corporation," "company," or "incorplesignation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A." Cable: TADDRESS TADDRESS (Florida street address) (Florida street address) (City) (Zip Code)

Page 1 of 3

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>	<u>Address</u>	Type of Action
T	ROGER GINGERICH	1000 E. ATLANTIC BLVD. 112 POMPANO BEACH. FL 33060	_ ☑ Add □ Remove
<u>s</u>	SUSAN GINGERICH	1000 E. ATLANTIC BLVD. 112 POMPANO BEACH, FL 33060	_ ☑ Add □ Remove
	ALAN SACHS	176 BRUN DU DR GRANVILLE, OH 43023	_ ☐ Add _ ☑ Remove
(attach ad ARTICLE	ling or adding additional Articles, endictional sheets, if necessary). (Be sport of the NOTE of the STATE OF SHARES THE CORPORTS)	pecific) FOLLOWS:	
50,000.	· · · · · · · · · · · · · · · · · · ·		· -
	· · · · · · · · · · · · · · · · · · ·		
<u>provisi</u>	nendment provides for an exchange, ons for implementing the amendmen		
	ot applicable, indicate N/A)		
N/A			
 			
			.

The date of each amendmen	t(s) adoption: JUNE 25, 2009	
Effective date <u>if applicable</u> :	JUNE 25, 2009 (date of adoption is required)	
· •	(no more than 90 days after amendment file date)	
	1	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	1
	re approved by the shareholders through voting groups. The following statement ed 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)	
action was not required.	are adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	
Dated 06/2 Signature (B)	11. 11 M +	Ž.
	PRESIDENT (Title of person signing)	
	(a. karaan a.Dum.P)	