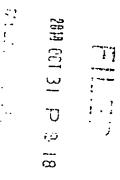
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MGT TAXES & P	LUS SERVICES CORP	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIA H TOLENTINO		
		Name of Contact Person	-
		Firm/ Company	
	1600 NW 13TH ST No 1		
		Address	
	BOCA RATON FL 33486		
		City/ State and Zip Code	<u>'</u>
MAF	RYAB91@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
	- ,		T1 (2012)
MARIA H TOLENTINO		at (_)
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of			
GT TAXES & IMMIGRATION SER	VICES CORP		2017 000	an in the second
(Name	of Corporation as currently file	d with the Florida Dept. o	of State)	3/ 5
07000100583				م الا
	(Document Number of Cor	poration (if known)	· · · · · · · · · · · · · · · · · · ·	
rsuant to the provisions of section 607 Articles of Incorporation:	.1006. Florida Statutes, this <i>Flori</i>	da Profit Corporation adop	ots the followir	ig amendment(s
If amending name, enter the new na	ame of the corporation:			
GT TAXES & PLUS SERVICES CO	RP			The new
me must be distinguishable and conform, "Inc.," or Co.," or the designed "chartered," "professional associa	iation "Corp," "Inc," or "Co".	A professional corporation	ited" or the a on name must	hbreviation contain the
Enter new principal office address, rincipal office address MUST BE A S			_	
Enter new mailing address, if appl (Mailing address MAY BE A POST				
	_			
	_			
If amending the registered agent ar		n Florida, enter the name	of the	
new registered agent and/or the new Name of New Registered Agent	MARIA II TOLENTINO			
				_
	1600 NW 13TH ST No 1	,		_
	(Florida street aa	dressi		
	0.00.00.000			
New Registered Office Address;	BOCA RATON (City,		lorida	Codei

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 Doe	
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) X Change	рŢ	JULIO G TOLENTINO	1600 NW 13TH ST No 1
Add			BOCA RATON FL 33486
Remove			
2) Change	РТ	MARIA H TOLENTINO	1600 NW 13TH ST No 1
X Add			BOCA RATON FL 33486
Remove			
3) X Change	VP	MARIA H TOLENTINO	1600 NW 13TH ST No 1
Add			BOCA RATON FL 33486
Remove			
4) Change	VP	JULIO TOLENTINO	1600 NW 13TH ST No 1
X Add			BOCA RATON FL 33486
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
K PHUVY			

E. If amending or adding additional Articles, enter change(s) nere: (Attach additional sheets, if necessary). (Be specific)	
N/A	
N/A	-
F. If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A) N/A	issued shares, ent itself:
N/A	

	08/15/2018
The date of each amendment(s) and date this document was signed.	option:, if other than the
08/1	5/2018
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	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 east	for the amendment(s) was/were sufficient for approval
by	(yoting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated <u>OR</u>	ally delution
(By a d selecte	irector, president or other officer—if directors or officers have not been d, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MARIA H TOLENTINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)