P07000115137

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SECRE TARY OF STATE
TALLAHASSEE FLORINA

Amond + N. C. C.COULLIETTE

JUL 14 2009

EXAMINER

COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	NEW B	USINESS CONSULTAI	N SERVIC	ES_
DOCUMENT NUMBER:			P0700011513	7	
The enclosed Artic	les of Amendmer	at and fee are	submitted for filing.	· · · ·	e ages of the second se
Please return all co	rrespondence cor	cerning this	matter to the following:		
_			RCEDES VELASQUEZ		_
		Nar	ne of Contact Person		:
-	NEW B	USINESS C	CONSULTAN SERVICES C	ORP	
			Firm/ Company		: ; ;
-		36	71 W16TH AVE		
			Audress		
-			LEAH FL 33012		_
	• • •	City	// State and Zip Code		, ,
	E-mail addre	ss: (to be used	for future annual report notification)	٠.
For further informa	tion concerning t	his matter, p	lease call:	;	
RUBEN Name	Pacide co		at (<u>305</u>) <u>926 -</u> Area Code & Daytime		 per
		g amount ma	de payable to the Florida Dep	eartment of Sta	ate:
☑ \$35 Filing Fee	\$43.75 Filing Certificate of		S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified	te of Status
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 Cir	rcle		

Tallahassee, FL 32301

COVER LETTER

. TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	NEW BUSIN	ESS CONSULTAN	SERVICES	
DOCUMENT NUMBER:	NT NUMBER: P07000115137			
The enclosed Articles of Amendm	ent and fee are subm	itted for filing.	and the second of the second o	
Please return all correspondence c	oncerning this matter	to the following:		
		DES VELASQUEZ	<u> </u>	
	Name of Co	ontact Person		
NEW	BUSINESS CONSI	JLTAN SERVICES CO	ORP:	
		Company		
	3671 W1	6TH AVE .		
	Add	dress		
	HIALEAH	FL 33012		
	City/ State a	and Zip Code	· .	
E-mail add	ress: (to be used for futur	e annual report notification)	· ·	
For further information concerning	g this matter, please c	all:		
Name of Contact Person	at	Area Code & Daytime Te	Janhona Number	
Enclosed is a check for the following	ng amount made pay	·	•	
☑ \$35 Filing Fee ☐ \$43.75 Filing 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Section rision of Corporations fton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

NEW BUSINESS CONSULTAN SERVICES CORP.

111	W BOSINESS CONSULTAN SERVICES CORP
(Nam	e of Corporation as currently filed with the Florida Dept. of State)
	P07000115137
	(Document Number of Corporation (if known)

(Document N	lumber of Corporat	tion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		ites, this Florida Profi	t Corporation adop	ts the follo
A. If amending name, enter the new name	e of the corporation	on:		
RISE TAXES ANI	D CREDIT SOL	UTIONS, CORP		The new
name must be distinguishable and containable abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "page 15.	n the word "corp the designation "C	poration," "company, Corp," "Inc," or "Co".	A professional co	d" or the
B. Enter new principal office address, if a	pplicable:	N/A	\$ + 1	
(Principal office address MUST BE A STR			¥ .``	•
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/on new registered agent and/or the new recommendation.	FICE BOX) or registered office		FLORI	09 JUL 10 AM II: 07 e
Name of New Registered Agent:	N/A			
New Registered Office Address:	(Flor		, Florida_3 <u>20(</u>	2_
	(City)	(Z	Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	d agen t, ijam fami			position.

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 .	Name	Address	Type of Action
<u>PD</u> ,`	RUBEN PACHECO	3671 W 16TH AVE HIALEAH FL 33012	
VD .	MARIA M. VELASQUEZ	3671 W 16TH AVE HIALEAH FL 33012	☑ Add □ Remove
	ng or adding additional Articles, enteritional sheets, if necessary). (Be spec		
,	· :		
provision	ndment provides for an exchange, rest for implementing the amendment in applicable, indicate N/A)		
900 SHARE	S TO RUBEN PACHECO AND	100 SHARES TO MARIA I	MERCEDES

The date of each amendmen	t(s) adoption: JULY 09-2005 JULY 09 - 2009 (date of adoption is required)
Effective date <u>if applicable</u> :	JULY 11/2009 (date of adoption is required)
Emporte date <u>mappineasie</u> .	(no more than 90 days after amendment file date)
.*	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_JU	LY 07/2009
Signature_	
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	DUDEN DACHECO
	(Typed or printed name of person signing)
•	(Typed of printed mante of person signing)
	PRESIDENT
	(Title of person signing)