## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000261930 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

r	^	٠	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future.... annual report mailings. Enter only one email address please.

<b>Email</b>	Address:	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ACCOUNTAX ASSOCIATES CORP

Certificate of Status 0 Certified Copy Ò Page Count 05 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

## **ACCOUNTAX ASSOCIATES CORP**

(Name of Corporation as correctly filed with the Florida Dept. of S(=ic)

P08000047764	
(Dogument Number of Compression (it known)	-

ame of the corr	oration:			
ratian "Corp,"	"Inc," or "Co". A pro-			
	<u>ESS</u> )			<del>-</del>
				TALL PA
		ls, onisi the nan	no of the	MOV 10
	1 11			
454 NW	22TH AVE S	TE 199		25 = 2
	nain the word nation "Corp," siton," or the ab if applicable; TREET ADDR icable; OFFICE BOXO ad/or registered of	nation "Corp," "Inc," or "Co". A pro- ulton," or the abbreviation "P.A."  if applicable: TREET ADDRESS)	nain the word "varporation," "company," or "incarporation "Corp.," "Inc.," or "Co". A professional corporation," or the abbreviation "P.A."  if applicable: TREET ADDRESS)  icable: OFFICE BOX)  id/or registered office address in Phorida, oniar the nay we registered office address:	itain the word "varporation," "company," or "incorporated" or the nation "Corp," "Inc," or "Co". A professional corporation name mustified," or the abbreviation "PA."  if applicable:  TREET ADDRESS)  icable:  OFFICE BOX  id/or registered office address in Florida, oniar the name of the wregistered office address:

New Registered Agent's Signature, if changing Begistered Agent:

I hereby accept the appointment as registered agent of am fapiliar with and accept the obligations of the position.

Signature of the Registered Agent, if changing

address of each Office. (Attach additional shoot Please note the officeric P = President; V = Vice Executive Officer; CFO held. President, Treasu Changes should be note a change, Mike Jones le Mike Jones, V as Remov	r and/or is, if neoes director to Présides = Chief rer, Direc d in the f taves the	ssary) ile by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk: CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the Y. There is
Example: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Iones	
X Add	<u>sy</u>	Sally Smith	171 173
Type of Action (Check One)	Title	<u>Nume</u>	Address
1) Change	VP	HILDA MARQUETTI	454 NW 22 AVE STE 1990
Add			MIAMI FL 33125
Remove			
2) Change	P	ILEANA ROMERO	454 NW 22 AVE STE 199
Add			MIAMI FL 33125
Remove			
3) Change	P	HILDA MARQUETTI	454 NW 22 AVE STE 199
Add			MIAMI FL 33125
Remove			
4) Change	VP	CARLOS M NUNEZ	464 NW 22TH AVE STE 199
Add			MIAMI FL 33125
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Page 2 of 4

Attach additional sheets, if necessary).	(Be specific)		
	<u>.                                    </u>		
		<del></del>	
	•		
		SE SE	7.1
			r Z: _
·			` `
			_ } _ ?
			$= \zeta$
		<u>5</u> 7	5
		-	
f	ange, reclassification, or cancellation of Issued sh		
provisions for implementing the amen	dment if not contained in the amondment ittelf:	RIES,	
DA MARQUETTI IS 50% C		<del> </del>	
RLOS M NUNEZ IS 60 %	OF TOTAL SHARES	_	
		<del></del>	
	· <del></del>	·	
		•	

The date of each amendment(s) adoption: 06/01/2014	, ic c	ther tha	n the
due this document was signed.			
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	<b>⊶</b> •>≀0	_	
by		<u>*</u>	
(voting group)	22.1	#0#	1
The amondment(s) was express adopted by the board of directors without shareholder action and shareholder action was not required.		<u> </u>	fundani ; ; ; ; ; ; ; ; ; ; ;
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			ي يون چيمون ميمون
Dated 06-01-2014		œ	
Signature HILDA MARQUETTI			
(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			
(Typed or printed name of person signing)	_ <del>_</del>		
VICE PRESIDENT			
(Title of person signing)			