Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000161663 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

KIZOM:

Account Name : AMG TAX SERVICES CORP

Account Number : 120090000104 : (706)302-5031 Րիւթո⊶ Fax Number : (305)456-1501

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN A M G BOOKEEPING SERVICES, INC.

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION:A	M G BOOKEEPING SERVICES, INC.
DOCUMENT N	UMBER:	P08000052099
The enclosed An	ticles of Amendment and fee	are submitted for filing.
Please return all	correspondence concerning t	his matter to the following:
	AL	FONSO GUTIERREZ
		Name of Contact Person
	A M G BO	OKEEPING SERVICES, INC.
		Firm/ Company
	4311	PALM AVE SUITE # 2
		Address
	i	HALEAH FL 33012
		City/ State and Zip Code
	AMGTAXSER\ E-mail address: (to be us	/ICES@YAHOO.COM.MX cd for future annual report notification)
For further inform	nation concerning this matter	. please call:
ALF	ONSO GUTIERREZ	at (786) 382-5831
Nani	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount i	made payable to the Fiorida Department of State:
▼ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address
Amendment Section		Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle
i ananassee, i ⁻ L <i>525</i> [4		Tallahassee FL 32301

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June 22, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

A M G BOOKEEPING SERVICES, INC. 4311 PALM AVE SUITE # 2 EIALEAE, FL 33012

SUBJECT: A M G BOOKEEPING SERVICES, INC.

REF: P08000052099

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form that you keep submitting is incorrect. It is an amendment form for a non-profit corporation and your corporation is a domestic profit corporation. You can download the correct form from our website at www.sunbiz.org. The form that you need is Profit Articles of Amendment. Also please make sure that you check one of the boxes under adoption of amendment on the last page of the amendment form.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II FAX Aud. #: E11000161663 Letter Number: 011A00015204

RECEIVED
11 JUN 23 AM 8: 00
SECRETARY OF STAT

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment Articles of Incorporation

PODETARY OF STATE

VI	SECHE MARE ET ORIN
A M G BOOKEEPING SERVICES, INC.	TALLAHASSEE, FLORID
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000052099	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> amendment(s) to its Articles of Incorporation:	oration adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "company," or 'abbreviation "Corp" "Inc.," or Co" or the designation "Corp.," "Inc.," or "Co". A prename must contain the word "chartered." "professional association," or the abbreviation ".	rofessional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	

ter new malling address, if applicable: ailing address <u>MAY BE A POST OFFIC</u> I	E BOX)		
			•
mending the registered agent and/or reg registered agent and/or the new registe		n Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	(dress)	
		, Florida	
	(City)	(Zip Code)	_

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

I hereby accept the appointment as registered agent. I um familiar with and accept the abligations of the position.

Signature of New Registered Agent, if changing

removed as	g the Officers and/or Directors, enter nd title, name, and address of each Offitional sheets, if necessary)		
<u>Title</u>	Nam <u>e</u>	Address_	Type of Action
<u> </u>	GUTIERREZ, MARIC C	5950 NW 191 ST MIAMI FL 33015	☐ Add ☐ Remove
<u>s</u>	GUTIERREZ, MARIA C	5950 NW 191 TERRACE MIAMI FL 33015	☑ Add □ Remove
			[] Add [] Remove
provisio	nendment provides for an exchange, ons for implementing the amendment or applicable. Indicine N/A)		
			<u></u>
			

The date of each amendmen	
Effective date if applicable:	06/16/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONF.)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of 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.	re adopted by the board of directors without shareholder action and shareholder re-adopted by the incorporators without shareholder action and shareholder
Dated <u>06/1</u>	6/2011
sele	a director, president or other officer - if directors or officers have not been cled, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	ALFONSO GUTIERREZ
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(true of bergon signing)