

PO 8000055923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

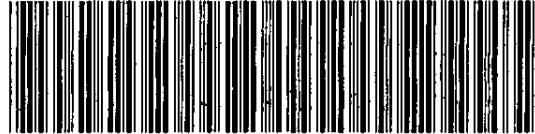
(Document Number)

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06/12/08--01040--007 **35.00

FILED
08 JUN 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
DEC
6/30

June 25, 2008

Attn: Teresa

As per our conversation I'm sending the Amendment again, this is to change the name of my corporation and I want to remind you that I already sent the filing fee the first time I sent this document. I really appreciate your prompt attention to this matter.

If you have any question or concern please contact me at 305-807-7729.

Thank You!

*Mayrobis Acosta
President.*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2008

MAYROBIS ACOSTA
CARIBE IMMIGRATION AND TAX SERVICES, INC
8275 WEST 12 AVE STE 201
HIALEAH, FL 33014

SUBJECT: CARIBE IMMIGRATION AND TAX SERVICES, INC
Ref. Number: P08000055923

We have received your document for CARIBE IMMIGRATION AND TAX SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 408A00036670

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBE IMMIGRATION AND TAX SERVICES, INC

DOCUMENT NUMBER: P08000055923

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAYROBIS ACOSTA

(Name of Contact Person)

CARIBE IMMIGRATION AND TAX SERVICES, INC

(Firm/ Company)

8275 WEST 12 AVE SUITE 201

(Address)

HIALEAH, FLORIDA 33014

(City/ State and Zip Code)

For further information concerning this matter, please call:

MAYROBIS ACOSTA

(Name of Contact Person)

at (305) 807-7729

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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)

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 Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

CARIBE IMMIGRATION AND TAX SERVICES

(Name of corporation as currently filed with the Florida Dept. of State)

P08000055923

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

CARIBBEAN IMMIGRATION AND TAX SERVICES, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

NAME CHANGE

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 06/25/2008

Effective date if applicable: 06/25/2008
(no more than 90 days after amendment file date)


Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval by
_____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(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)

MAYROBIS ACOSTA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35