P090000 74968

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

Contracts DEG-16 2005



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2009

JUAN CARLOS MESA TASHANGO CONSULTING SERVICES, INC 14035 SW 41 TERRACE MIAMI, FL 33165

SUBJECT: TASHANGO CONSULTING SERVICES, INC.

Ref. Number: P09000074968

We have received your document for TASHANGO CONSULTING 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Letter Number: 409A00032882

Tina Roberts
Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: TASHANGO	CONSULTING SERVICES,	Juc
DOCUMENT NU	JMBER: <u>ρο9000</u>	074968	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	s matter to the following:	
	Juan Canlo	s M53A ame of Contact Person	·
	N	ame of Contact Person	
	TASHANGO CO	NSULTING SERVICES, J	ùc
		Firm/ Company	
	10436 SW	41 Tennace Address	
		Address	
	Miami	R 33/65 ity/ State and Zip Code	
	C	ity/ State and Zip Code	
	E-mail address: (to be used	Now & d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Juan Carlo	os Mesq.	at (<u>786</u>) <u>222 –</u> Area Code & Daytime Tel	3930
Nam	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	ck for the following amount m	nade payable to the Florida Depart	tment 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)
Mailing A Amendme Division o	nt Section f Corporations 5327	Street Address Amendment Section Division of Corporations Clifton Building	
P.O. Box (Tallahasse	e, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	e

Articles of Amendment

		to
Articles	of	Incorporation
		of

Articles of Inc	orporation FILED
of	00.00
TASHADO CONSULTING SET	evices, Inc. 09 DEC 15 AM 10:39
(Name of Corporation as currently filed with	the Florida Dept. of State RE JARY OF
P09000074968	the Florida Dept. of State RETARY OF STATE ALLAHASSEE. FLORIDA
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Staturamendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional association of the contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," "In	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10435 SW 41 TERRACE MIRMI, FL. 33165
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10435 SW 41 TERRACE MIZMI, FZ. 33165
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
(Cir.)	, Florida (Zip Code)
(City)	(Lip Coae)

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

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

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
	nding or adding additional A additional sheets, if necessary)		
provis		xchange, reclassification, or cancelland and the am	

The date of each amend	ment(s) adoption: $\frac{\mu_2/9/09}{1}$
Effective date <u>if applica</u>	ment(s) adoption: $2/9/09$ (date of adoption is required) ble: N/A
	(no more than 90 days after amendment file date)
Adoption of Amendmen	at(s) (CHECK ONE)
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.
	as/were approved by the shareholders through voting groups. The following statement ovided 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 action was not require	as/were adopted by the board of directors without shareholder action and shareholder ed.
The amendment(s) was action was not require	as/were adopted by the incorporators without shareholder action and shareholder ed.
	12/9/09
Signati	(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)
	President
	(Title of person signing)