

PI0000042380

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(Address)

(Address)

(City/State/Zip/Phone #)

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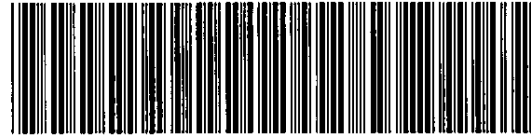


Certificates of Status



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2010 AUG 25 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend & N/C

TB

AUG 26 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CARIBBEAN TAX & MULTI SERVICE SOLUTIONS

**DOCUMENT NUMBER:** P1000604238D

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

Please return all correspondence concerning this matter to the following:

RENALD FILS-AIME  
Name of Contact Person

CARIBBEAN TAX & MULTI SERVICE SOLUTIONS, INC.  
Firm/ Company

20250 NE 3rd CT APT 8  
Address

MIAMI, FL 33179  
City/ State and Zip Code

R.FILS2000@YAHOO.FR  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENALD FILS-AIME at ( 786 ) 556-1945  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2010

CARRIBEAN TAX AND MULTI SERVICE SOLUTIONS INC.  
RENALD FILS-AIME  
20250 NE 3RD CT UNIT 8  
MIAMI, FL 33179

SUBJECT: CARRIBEAN TAX AND MULTI SERVICE SOLUTIONS INC.  
Ref. Number: P10000042380

We have received your document for CARRIBEAN TAX AND MULTI SERVICE SOLUTIONS INC. and your check(s) totaling \$52.50. 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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 710A00019535

Articles of Amendment  
to  
Articles of Incorporation  
of

CARRIBEAN TAX AND MULTI SERVICE SOLUTIONS INC.

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

P10000042380

(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:

**A. If amending name, enter the new name of the corporation:**

CARRIBEAN TAX & MULTI SERVICE SOLUTIONS INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

12406 WEST DIXIE HWY  
N. MIAMI, FL 33161

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

New Registered Office Address:

12406 WEST DIXIE HWY  
(Florida street address)

NORTH MIAMI

(City)

Florida 33161  
(Zip Code)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

THE CORRECT SPELLING OF THE CORPORATION NAME IS:  
CARIBBEAN TAX & MULTI SERVICE SOLUTIONS, INC.  
PLEASE CHANGE THE SPELLING OF THE NAME EVERYWHERE  
IT APPEARS IN ARTICLES.  
THEN, CHANGE THE ADDRESS AS WELL TO THE FOLLOWING ONE:  
12406 WEST DIXIE HIGHWAY, NORTH MIAMI, FL 33161

**F. If an amendment provides for an 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)

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The date of each amendment(s) adoption: MAY 17, 2010  
(date of adoption is required)

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 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):

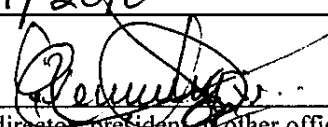
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated 8/17/2010

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)

RENALD FILS-AIME  
(Typed or printed name of person signing)

PRESIDENT / CEO  
(Title of person signing)