P12000096113

(Red	juestor's Name)	
(Add	lress)	
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DIVISION OF CORPORALIONS
ON SHOW 26 AM II: 00

Amendius 10 11/27/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MMG HOLE	DING GROUP, I	NC
DOCUMENT NUMBER: P12000096113	3	
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matter	ter to the following:	
DANIEL ALVARE	Z	
	Name of Contact Person	
TAX CARE, INC		
	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
417 CENTER PO	INTE CIR. 1737	<u> </u>
	Address	
ALTAMONTE SP	RINGS, FL 3270	01
	City/ State and Zip Code	3
DANIEL@TAXCARE	INC.COM	
	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
DANIEL ALVAREZ	at (407	774-0861
Name of Contact Person	. Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

OIVISION OF CORPORATIONS
12 NOV 20
12 NOV 26 AM 11:00

	0.		.0 \$ < 6	1134
MMG HOLDING GROUP, INC.				11/7
(Name of Corporation as currently f	iled with the Florida Dep	t. of State)	_	
P12000096113				
(Document Number of	f Corporation (if known)		_	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Pro	ofit Corporation adopts the following	ing amendmen	t(s) te
A. If amending name, enter the new name of the co	orporation:			
			The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A pr	any," or "incorporated" or the offessional corporation name must	abbreviation t contain the	
B. Enter new principal office address, if applicable			_	
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)			
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	Filtra		
			_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ida, enter the name of the		
Name of New Registered Agent				
	(Florida street address)	······································		
New Registered Office Address:		, Florida		
Hew Registered Office Address.	(City)	, Florida(Zip Code)	_	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	ristered Agent: I am familiar with and acc	cept the obligations of the position.		
Signature of Ne	ew Registered Agent, if cha	anging		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP,S	TAX CARE, INC	417 CENTER POINTE CIR.
Add			SUITE 1737
X Remove			ALTAMONTE SPRINGS, FL 32701
2) Change	V,S	DANIEL ALVAREZ	417 CENTER POINTE CIR.
X Add			SUITE 1737
Remove			ALTAMONTE SPRINGS, FL 32701
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

The date of each amendment(s) a	doption: 11/20/2012
	1/20/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	11/20/12
Signature	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DANIEL ALVAGEZ
	(Typed or printed name of person signing)
	V. President
	(Title of person signing)