P14 000054442

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: P14000054442		
DOCUMENT NUM	BER: MOOSAI CONSULTIN	NG, INC	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	atter to the following:	
	JODI RONEN		
		Name of Contact Persor	1
	JG CONSULTING SERVICE	ES, LLC	
		Firm/ Company	
	5481 WILES RD STE 502		
		Address	
	COCONUT CREEK, FL 330	173	
		City/ State and Zip Code	
	JODI@ACCU-TAX.TAX		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		220-8270
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

MOOSAI CONSULTING, INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14000054442	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
ANN MARIE MOOSAI, PA	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	istered Agent: I am familiar with and accept the obligations of the position. The position of the position of the position of the position of the position. The position of
	min N
Check if applicable	

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	HARRINARINE MOOSAI	19243 CREEKSHORE COURT
Add			BOCA RATON, FL 33498
X Remove			
2) Change			·
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets,	if necessary). (Be sp	ter change(s) here ecific)			
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n amendment provid	des for an exchange, renting the amendment	if not contained i	<u>cancellation of E</u> in the amendmen	ssueu snares, it itself:	
(if not applicable, in	idicate N/A)	n mor contained	THE ARTERIA		
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The date of each s	amendment(s) adoption:, if other than the
date this document	was signed.
Effective date <u>if a</u>	pplicable:
·	(no more than 90 days after amendment file date)
Note: If the date document's effecti	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
Adoption of Ame	ndment(s) (CHECK ONE)
The amendmen	t(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder required.
The amendmen	t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lders was/were sufficient for approval.
☐ The amendmen	it(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	Dated
	Signature Alloosai
	(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)
	ANN MARIE MOOSAI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)