

PI50000080857

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
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Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BOAZ & GOLDSTONE CONSULTANTS CORPORATION**

Certificate of Status	0
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Page Count	01
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Amend

OCT 11 2016
I ALBRITTON

FILED
2016 OCT 10 AM 8:02

RECEIVED
16 OCT 10 AM 4:03

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Articles of Amendment
to
Articles of Incorporation
of

BOAZ & GOLDSTONE CONSULTANTS CORPORATION

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

P15000080857

(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:

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**)

905 Brickell Bay Drive, Four Ambassador Suite 2cl 23

Miami, FL 33131**C. Enter new mailing address, if applicable:**
(Mailing address **MAY BE A POST OFFICE BOX**)

905 Brickell Bay Drive, Four Ambassador Suite 2cl 23

Miami, FL 33131**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**ACCOUNTANT & MANAGEMENT INC****1549 NE 123RD STREET**

(Florida street address)

New Registered Office 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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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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	TOSHIO YIDA, PAULO SERGIO	409 NW 10TH TER - SUITE C65 HALLANDALE BEACH, FL 33009
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	JORGE, EMIR	905 Brickell Bay Drive, Four Ambassador Suite 2c/ 23 Miami, FL 33131
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	YIDA, JOAO PAULO	905 Brickell Bay Drive, Four Ambassador Suite 2c/ 23 Miami, FL 33131
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	DO ROCIO CELLI, CAROLINE	905 Brickell Bay Drive, Four Ambassador Suite 2c/ 23 Miami, FL 33131
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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: _____ if other than the
date this document was signed

Effective date if applicable: _____
(no more than 90 days after amendment(s) 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 agreement
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 _____

☐ 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 OCTOBER 4TH, 2016

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)

CAROLINE DO ROCIO CELLI

(Typed or printed name of person signing)

VP

(Title of person signing)

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