## P16000064786

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GG ACCOUNTIN	G & TAXATION SERVIC	CES CORP	
	BER: P16000064786			
The enclosed Articles	s of Amendment and fee are so	dunitied for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	GUILLERMINA GOMEZ			
		Name of Contact Person	1	
	GG ACCOUNTING & TAX	ATION SERVICES CORE	•	
		Firm' Company	· · · · · · · · · · · · · · · · · · ·	
	900 CURTISS DR			
		Address		
	OPA LOCKA, FL 33054			
		City/ State and Zip Cod	e	
	TAXESGIGI@OUTLOOK.0	COM		
	•	sed for future annual report	notification)	
for further informatic	on concerning this matter, plea	se call:  786	548-8986	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
	iling Address		Address	
	Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.C	). Box 6327	The Centre of Tallahassee		
Tal	lahassee, FL 32314		N. Monroe Street, Suite 810 ssee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

GG ACCOUNTING & TAXATION SERVICES CORP

2023 GOT -6 MM 5: 08

( <u>Name o</u>	f Corporation as currently	filed with the Florida Dept, of State)
P16000064786		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
N/A		71
name must be distinguishable and contain "Inc." or Co." or the designation "Co "chartered," "professional association,"	$orp_{e}$ "Inc." or "Co" $A_{e}$	The new impany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:		900 CURTISS DR
(Principal office address <u>MUST BE 4 ST</u>	REET ADDRESS )	OPA LOCKA, FL 33054
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		900 CURTISS DR
		OPA LOCKA, FL 33054
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	Wor registered office addre registered office address: GUILLERMINA GOMEZ	ss in Florida, enter the name of the
	900 CURTISS DR	
-	tFlorida siree	y address
New Registered Office Address:	ОРА LOCKA	. Florida 33054
	((	'iy) (Ay) Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red ogent. Tam ti minor wi	in Security the obligations of the position  (istered Agent, if changing

Check if applicable

☐ 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: I Treasurer S Secretary, D Director, TR Trustee, C Chairman or Clerk, CEO Chief Executive Officer, CEO Chief Einancial 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	P <u>T</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	GUILLERMINA GOMEZ	8300 NW 53RD ST
Add			STE 350 DORAL FL 33166
X Remove 2) Change	P	GUILLERMINA GOMEZ	900 CURTISS DR
X Add			OPA LOCKA, FL 33054
Remove 3.) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an amendment provides for an o	exchange, reclassification	ı, or cancellation of iss	ned shares.	
	amendment if not contain	ed in the amendment	itself:	
provisions for implementing the a	1			
(if not applicable, indicate N/1				
(if not applicable, indicate N A				
provisions for implementing the equivalent of the				
provisions for implementing the : (if not applicable, indicate N A				
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	10/02/2023	, if other than
The date of each amendment date this document was signed	(s) adoption: - - 12/01/2023	
Efféctive date <u>if applicable</u> :	ono more than 90 days after amendment file	e date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requir he Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/v	re adopted by the shareholders. The number of votes cast for were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/wi must be separately provide	are approved by the shareholders through voting groups. The label of the defense of the shareholders are actively on the analysis of the same of the s	following Matement codineaux)
"The number of you	es east for the amendment(s) was/were sufficient for approval	
by	A GOMEZ	
	(Title of person signing)	e2,EA