

Division of Corporations

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(((H24000202439 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX S PRO CORP Account Number : I20200800147 Phone : (786)307-2733

Fax Number

: (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. INFO@TAXSPRO.COM

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN GUZAZU SERVICES CORP

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Corporate Filing Menu

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COVER LETTER

From: +19544207118 (TAX 5 PRO)

TO: Amendment Se Division of Cor					
NAME OF CORPO	DRATION: GUZAZU SERVI	CES CORP		_	
DOCUMENT NUM	IBER:			-	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	ANWAR I PUELLO				
		Name of Contact Person	<u> </u>		
TAX S PRO CORP					
Firm/ Company					
8030 PINS BLVD					
Address					
PEMBROKE PINES FL 33024					
City/ State and Zip Code				202	
	INFO@TAXSPRO.COM			ř.	0 NOT 1202
	E-mail address: (to be u	sed for future annual report	notification)	- .:	=
For further informati	on concerning this matter, plea	se call:		မှာ [†] ် ်	
ANWAR I PUELLO)	at (786	3072733		4M 11: 04
Namo	of Contact Person	Area Co	de & Daytime Telephone N	umber	
Enclosed is a check i	for the following amount made	payable to the Florida Depa	artment of State:		
\$35 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)		

Malling Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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 Articles of Incorporation of

GUZAZU SERVICES CORP				
(Name of Corporation a	s currently filed with th	e Florida Dept. of State)		
P23000013210				
(Document	Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit	Corporation adopts the fo	ollowing amenda	nent(s) to
A. If amending name, enter the new name of the corpo	ration:			
				?W
name must be distinguishable and contain the word "corpol". "Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbreviati	"Co". A professional			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u></u>		·· <u>·</u>	-
				,
			17. TV	
C. Enter new mailing address, if applicable:			- 	
(Mailing address MAY BE A POST OFFICE BOX)				- bi
			332	
	 		· : =	
		·- ·- ·- ·- ·-		
D. If amending the registered agent and/or registered of	office address in Florida	enter the name of the		
new registered agent and/or the new registered offic		Trust in maint of the		
W 20 6 1 14 1				•
Name of New Registered Agent				
·	(Florida street address)			
New Registered Office Address:		. Florida		
	(Ciţv)		(Zip Code)	•
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I am	familiar with and accep	t the obligations of the pos	sition.	
	·			
Signature	of New Registered Ager	nt, if changing		
Check if applicable		ACCOUNTING AND TAR RE-		
☐ The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e), F.S.	ALT ALT MACES		
	· · · · · · · · · · · · · · · · · · ·	TAXSPRA		

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:

From: +19544207118 (TAX S PRO)

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:

X Change	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	freddy a guzman monterrey	151 sw 117 ave , apt 304
Add			pembroke pines , fl 33025
X Remove			151 SW 117 AVE APT 104 Z
2) Change	P	Azuaje Arguinzones, Johanna	121 201 111 114 2 , 111 104
X Add			PEMBROKE PINES FL 33025
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



E. If amending or adding additional Articles, enter change(s) here:

1 2 of 6



	(06/10/2024			
The date of each date this docume	amendment(s) adoption: _				if other than the
OBIC DIES GOCULDO	06/10/2024				
Effective date if	apolicable:	()			
		(no more than 90 days after a	mendment file date)		
	inserted in this block does ive date on the Department of	not meet the applicable statutory of State's records.	filing requirements, th	is date will no	ot be listed as the
Adoption of Am	endment(s) (C	HECK ONE)			
The amendment action was no		e incorporators, or board of direc	tors without shareholder	action and sh	areholder
	nt(s) was/were adopted by th olders was/were sufficient fo	e shareholders. The number of ver approval.	otes cast for the amenda	nent(s)	
		the shareholders through voting g			2
		endment(s) was/were sufficient fo	or approval		2024 JUN 1 0
by	(w	oling group)	."	11.75	
	06/10/2024 Dated			<u> </u>	
	Signature FREDI	DY A GUZMAN			D ::05
	selected, by an in-	esident or other officer – if directo corporator – if in the hands of a re ry by that fiduciary)			·
	FREDDY	A GUZMAN MONTERREY			
	-	(Typed or printed name of perso	on signing)		
	PRESIDE	ENT			
		(Title of person signing)			

