## 10000000051

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· <del>-</del> ·
(/10	u1033)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	ainess Futitu New	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



300284986133

04/28/16--01004--033 \*\*35.00

2016 APR 28 P 4: 04

APR 28 2015 T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ORBIX ONE CO	NSUMER COUNSELING CORP.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
MARCELA MIRANDA	
	(Name of Contact Person)
CONSUMER COUNSELING CORPORATION	
	(Firm/ Company)
P.O. BOX 970031	
	(Address)
COCONUT CREEK, FL 33097	
	(City/ State and Zip Code)
marcela.miranda@orbixone.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
MARCELA MIRANDA	(954) 543-442
(Name of Contact Per	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of State	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## ORBIX ONE CONSUMER COUNSELING CORP.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
N02000006051	· · · · · · · · · · · · · · · · · · ·
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
CONSUMER COUNSELING CORPORATION	The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office address in Florida, enter the name of the ce address:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
N/A	Elkrida 22
Now Degistered Agent's Signature of shoneing Degister	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obligations of the position
	Signature of New Registered Agent, if changing.

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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<del></del>	
Add			
Remove			
2) Change			 
Add			
Remove			
3) Change			 
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 
Add			
Remove			
б) Change			 
Add			
Remove			

additional Articles, enter change(s) here: s, if necessary). (Be specific)	
**************************************	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
	<u></u>
<u> </u>	

	4/25/2016	
The	e date of each amendment(s) adoption:	ther than the
date	e this document was signed.	
	4/25/2016	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	<del></del>
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.	ed as the
Ade	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated  Dated  Signature  Delacela peieral a	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MARCELA MIRANDA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	