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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAWGUAGE CONSULTANTS, CO	JR P.				
DOCUMENT NUMBER: P03000\03347					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
AMARO ROCHA					
Name of Contact Person					
LANGUAGE CONSULTANTS, CORP.					
Firm/ Company					
4062 SW 159 TH LN.					
Address					
OCALA FL 34473-8220	<u> </u>				
City/ State and Zip Code					
LANGUAGELABA D AOL. COM	/				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
AMARO ROCHA at 305 , 710-32	123				
Name of Contact Person Area Code & Daytime Tele					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Sectificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Sectified Copy (Additional copy is enclosed) S52.50 Filing Fee Sectified Copy (Additional copy is enclosed)	Status				
Mailing Address Amendment Section Amendment Section 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 Articles of Incorporation of

LANGUAGE	COUSULTAUTS	, CORP.
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P03000103347		
(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	la Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		15 CO.
-		
		THE THE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A	SE D
(maining diddress <u>mAT BE ATOST OFFICE BOS</u>)		三
		ဖွဲ့ မွ
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the	<u>!</u>
new registered agent and/or the new registered office address:		
Name of New Registered Agent	NIN	
(Florida street ado	lress)	
New Registered Office Address:	, Florida	
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd 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 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	\vee	ILIANA CUNHA	4062 SW 159THL
$oldsymbol{\cancel{N}}$ $oldsymbol{\bigwedge}$			OCALA FL 34473
Remove			(352) 630-20 90 (CUNHA D AOL. COM
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	NIA
	
	
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	20HE	94	, 2018	, if other than the
Effective date if applicable:	JUNE	64	2018	
			er amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St		ble statu	ory filing requirement	ts, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		number o	f votes east for the ame	endment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gi				
"The number of votes cast for the amenda	ment(s) was/were	sufficien	t for approval	
by			·"	
(votin	g group)			
☐ The amendment(s) was/were adopted by the boaction was not required.				
The amendment(s) was/were adopted by the in- action was not required.	corporators witho	ut shareh	older action and share	holder
Dated 30NF 02	810C, 1			
Signature		u		•
(By a director, preside	orator - if in the		ectors or officers have a receiver, trustee, or o	
A	MARO	Ros	CX/VA	
(1)	yped or printed na	ame of po	erson signing)	
	P	ST		
	(Title o	f person s	igning)	