## PTIOOOOTOTY

(Re	equestor's Name)	<del></del>		
(Ad	dress)			
(Ad	ldress)			
(Čit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

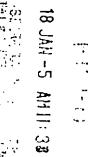




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R. WHITE
JAN 0 8 2018



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

....

P.O. Box 6327 Tallahassee, FL 32314

Convenient Case NAME OF CORPORATION:	sh Systems Consulting Corp.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Zvjezdana Hausammann	
	Name of Contact Person
Convenient Cash Systems	Consulting Corp.
	Firm/ Company
3142 NW 63rd Street.	
·	Address
Boca Raton FL 33496	
	City/ State and Zip Code
dihaus l@att.net	
E-mail address: (to be	e used for future annual report notification)
	,
For further information concerning this matter, pl	case call:
Dieter Hausammann	954 242 (X)4() at ( )
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FUED

18 JAN -5 AM II: 38

of

Convenient Cash Systems Consulting Corp.



## (Name of Corporation as currently filed with the Florida Dept. of State) P07000010174 (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: Convenient Care Systems Corp. 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: n/a (Mailing address MAY BE A POST OFFICE BOX) 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: n/a Name of New Registered Agent n/a (Florida street address) New Registered Office Address: , Florida (City) 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

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: XChange	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>V</u>	Mike Je	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
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				
6)Change		_		
Add			_	
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	December 28, 2017	w
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
date this document was signed.	•	
Effective date if applicable:		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendme t for approval.	nt(s)
	by the shareholders through voting groups. The following state orting group entitled to vote separately on the amendment(s):	ement ement
	amendment(s) was/were sufficient for approval	
by	77	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dece	mber 28, 2017	
Dated		
Signature	A. MONIAUDIU	
(By a director.	president or other officer – if directors or officers have not be	
	n incorporator – if in the hands of a receiver, trustee, or other or	
	iciary by that fiduciary)	
	Zvjezdana Hausammann	
<del></del>	(Typed or printed name of person signing)	
	DPST	
	(Title of person signing)	