## 70700064439

(Requestor's Name)  (Address)  (Address)	000110705700
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	10/15/0701012023 **43.75
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	FILED  07 OCT 15 PH 9: 16  SECRE TARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Forces	t Consulting (	Coporation
DOCUMENT NUMBER: PO7000	64439	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Kenneth (Name of	Mc Coy	<del></del>
	McCoy, P.A.	
15271 NW.	60th Ave. So	ute 203
Mani Lakes, (City/Sta	P2 33014 te and Zip Code)	
For further information concerning this matter, p	lease call:	
Kenneth McCoy. (Name of Contact Person)	at ( 305 ) <u>698</u> (Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount:	:	
\$35 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)
Mailing Address	Street Address	

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

	Porrest	Consul	trong !	Corporati	<u> </u>	ICA TO
	(Name of co	rporation as currently	y filed with the	Florida Dept. of State	,	
		P 07 0 00	~	0		THE O
		(Document number	of cornoration (	if known)	<u></u>	. 7
			•	,		
	the provisions of sec following amendmen				fit Corporatio	n
NEW COP	RPORATE NAME (	if changing):	_			•
	the word "corporation," al corporation must conte					
w brosession	ar corporation musi com	in the word charter	ed, profession	ai association, for the	aboreviation "P.	A.")
	ENTS ADOPTED- cle Title(s) being amo				Article Numbe	r(s)
			<del></del>		·	
Regis	kred agen	t's name	= 15 Lx	represt.	revena	<u>D</u>
	red; For		_			
Corre	+: Cassara	B. For	rest			·
	1 1			name re	eds to be	cores
Artic	cle VI-	incorporati	er's no	ene reads	to be co	reete
	le VIII - in		_			
rance	- repds to	be correc	ted .			
		(Attach addition	al pages if nece	ssary)		<del>_</del>
	Iment provides for exenting the amendmen					
			<u> </u>		<u> </u>	<u>·</u>
			<del></del>		·	

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By a director, president or officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35