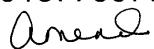
## P08000042838

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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2010 NOV 16 AM .8: 22 SECRETARY OF STATE

11/19/10

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Niche Ma(Keting Consultants

DOCUMENT NUMBER: PO 80000 42838 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheldon Joe Name of Contact Person Niche Marketing Consultants
Firm/Company 5600 NW 102 AVE. Ste K
Address
Sunrise/FL 33351
City/ State and Zin Code Sheldon. Joe @nmcsp. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheldon Joe at (954) 605-9477

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & □\$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment**

**Articles of Incorporation** 



(Document Number of Corporation (if known)

lowing

	of the corporation:	The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp," "Inc,	'company," or "incorporated" or " or "Co". A professional corpora
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	idress)
New Registered Office Address:		, Florida
New Registered Office Address:		
New Registered Office Address:	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Karin Zimmermann	4602 SW 160 Ave Apt 532 Miramar, fl 3302	
	<del></del>		□ Add □ Remove
	<u> </u>		
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		

The date of each amendment(s) adoption: $\frac{10/27/10}{(date \ of \ adoption \ is \ required)}$				
Effective date <u>if applicable</u> :	(date of adoption is required)  10/27/10  (no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement of 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)			
	(voting group)			
action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated /C	127/10 -64-Av-			
(By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
	Sheldon Joe			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			