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TO: Amendment Section
Division of Corporations &

NAME OF CORPORATION: WEST BROWA	RD UNIVE	RSITY INC
DOCUMENT NUMBER: P11000078677		
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to th	e following:	
ROSE GONZALEZ		
Namo	e of Contact Perso	n
KABA CONSULTING	INC	
F	Firm/ Company	
1635 E HWY 50, SUIT	ΓE 103	
· · · · · · · · · · · · · · · · · · ·	Address	
CLERMONT, FL 3473	6	
City/	State and Zip Cod	le
ROSE@KABACONSULT	ING.COM	
E-mail address: (to be used for fu	iture annual report	notification)
For further information concerning this matter, please call:		
ROSE GONZALEZ	_{at (} 352	, 243-8460
Name of Contact Person		ode & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

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

Articles of Amendment to Articles of Incorporation of

WEST BROWARD UNIVERSITY INC.

(Name of Corporation as currently filed with the Florid	la Dept. of State)	
P11000078677	<u>, a 2001 (1) 2001 (1</u>	
(Document Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> tits Articles of Incorporation:	ida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation:		
		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.	A professional corporation name must co	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	72	DIVISION SELECTION OF THE PROPERTY OF THE PROP
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:		FILL OF STATE VISION OF CCEPORATE VISION OF CCEPORATE
Name of New Registered Agent	·	0.8
(Florida street ad	ldress)	
New Registered Office Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	MGR	POSADA, GERMAN	11428 NW 33RD ST WESTON FL 33323
X Remove			
2) Change Add	MGR	PINZON, MAGDALENA	2647 CENTER COURT DR WESTON FL 33332
X Remove			WEG15117 E 33332
3) Change	MGR	ALMONACID, MARIA	4103 SAPPHIRE TERRACE
Add X Remove			WESTON FL 33331
4) Change	MGR	LEAL, MARIA P	CALLE 106 #15-03 APT 501
Add Remove			BOGOTA, COLOMBIA OC 00000
Kemove			
5) Change Add			
Remove			
6) Change .	<u> </u>		
Add			
Remove			

	. (Be specific)	
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If an amendment provides for an exclusions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
2. Or tolono for nuplementing the fill		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment	t(s) adoption: 3/12/2012
Effective date <u>if applicable</u> :	3/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	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 ed for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 3/12	
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ALMONACID, JOHN
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)