P12000021725

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
		;
		ľ

Office Use Only



400237824994

07/30/12--01004--018 **35.00



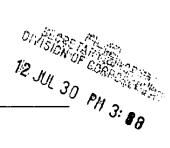
Amund 12112

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CATION:		BROWARD INC.
DOCUMENT NUMBER: P12000021725			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	SAMUEL MENES	SES BUITRAGO	
		Name of Contact Persor)
	EZ SOLUTIONS	CENTER BROV	VARD INC.
		Firm/ Company	
	220 COMMODO	RE DR #1027	,
•		Address	
	PLANTATION, FI	_ 33325	
		City/ State and Zip Code	•
SAI	MUEL2909@HO1	MAIL.COM	
	_	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
SAMUEL ME	NESES BUITRA	30 _{at (} 954	, 496-5293
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐\$43.75 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)
	ling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Ci			
		Tallaha	ssee, FL 32301

Articles of Amendment Articles of Incorporation



EZ SOLUTIONS CENTER BROWARD INC

	(Name of Corporation as currently filed with the Florida Dept. of State)	
00	0021725	

endment(s) to

P12000021725		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amend	
A. If amending name, enter the new name of the corporation: N/A		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
3. Enter new principal office address, if applicable:	220 COMMODORE DR #1027	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	PLANTATION, FL 33325	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	220 COMMODORE DR #1027 PLANTATION, FL 33325	
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
Name of New Registered Agent		
	OORE DR #1027	
	street address)	
New Registered Office Address: PLANTATION	, Florida 33325	
(Cit	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

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)

Example:

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 <math>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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CALLE, VICTORIA	5360 N UNIVERSITY DR
Add			LAUDERHILL, FL 33351
X Remove			
2) Change	S	CALLE, JULIO	5360 N UNIVERSITY DR
, Add			LAUDERHILL, FL 33351
X			
3) Change	٧	RUIZ VARGAS, LUZ M	220 COMMODORE DR #1027
X			PLANTATION, FL 33325
Remove			
4) Change	S	MENESES RUIZ, SAMUEL E.	220 COMMODORE DR #1027
X Add			PLANTATION, FL 33325
Remove			
5) Change	••		
Add			
Remove			
6) Change	-1		
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
/A	(20 Speedie)
<u> </u>	
	•
	•
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
 	

The date of each amendment(s) adoption: JULY 27, 2012		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK QNE)	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated JULY 2	7, 2012	
(By a directed	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiduciary)	
<u>;</u>	SAMUEL MENESES BUITRAGO	
-	(Typed or printed name of person signing)	
<u> </u>	PRESIDENT	
	(Title of person signing)	