# P13000818

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And

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R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	ATION: F.R.S. CO		RP		
DOCUMENT NUMB	ER: P130000828	16			
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	MARCO REIS				
	USA TAX CORF	Name of Contact Person	1		
_	591 E SAMPLE				
	POMPANO BEACH FL 33064				
US	ATAX@USATA> E-mail address: (to be us	City/ State and Zip Code  KFL.COM  sed for future annual report			
For further information	concerning this matter, pleas	se call:			
MARCO REIS		at (954_	788-1818 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Essee, FL 32301		

#### **Articles of Amendment** Articles of Incorporation of

## FILED 14 OCT 27 PM 2: 41

### F.R.S. CONSULTING CORP

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

P13000082816		•
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or "Co". A profes	The new " or "incorporated" or the abbreviation ssional corporation name must contain the
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if appli- (Mailing address <u>MAY BE A POST (</u>		
D. If amending the registered agent and new registered agent and/or the new		
Name of New Registered Agent	TERESA C.F.R. DA SIL	<del></del>
	591 E SAMPLE RD SU	IIE 214
	(Florida street address) POMPANO BEACH	22064
New Registered Office Address:	(City)	, Florida 33064 (Zip Code)
9	nanging Registered Agent: ered agent Lam Jan Viar with and accept  Joseph Lam Jan Viar with and accept  anature of New Registered Agent, if changi	- (P) REID

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 <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.

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>	Name	Address	
1) Change	VP	NATALIA F. GRIFFO	591 E SAMPLE RD	
Add			SUITE 214	
Remove			POMPANO BCH, FL 33064	
2) Change	VP	TERESA C. F. R. DA SILVA	591 E SAMPLE RD	
Add		<del>.</del>	SUITE 214	
Remove			POMPANO BCH, FL 33064	
3) Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove			***	
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(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)	
(if not applicable, indicate N/A)	

The date of each amendment	t(s) adoption: 10/24/14	, if other than the
date this document was signed	l.	
Effective date if applicable:	10/24/14	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/weby the shareholders was/weby	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):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	, 11	
	(voting group)	
The amendment(s) was/wer 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	URELIO REIS State of Florida
Dated_10/2	24/14  Mosary Public My Commiss My Commiss	URELIO REIS State of Florida State of Florida Spires Jul 27, 2017 Apriles Jul 27, 2017 Aprile
Se	By a director, president or other office. – if directors or officers have now been elected, by an incorporator – if in the hands of a receiver, trustee or other court	
aj	ppointed fiduciary by that fiduciary)	
	FONSECA RIBEIRO DA SILVA S. DE ADVOGADOS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	<u>-</u>