P14000072297

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	9)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Name)
(Do	ocument Number)	
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SEURETARY OF STATE
TALLAHASSEE



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: BROKERS	UNITED CORP	ORATION
DOCUMENT NUMBER: P1400007229	7	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
Paola Migdalski		
	Name of Contact Person	_
BROKERS UNIT		ION
5210 S UNIVERS	Firm/ Company SITY DR SUITE	106
	Address	
COOPER CITY,	FL 33328	
	City/ State and Zip Cod	e
ada@bravoaccountir	na.com	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Paola Migdalski	at (954	907-2652
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 \$\text{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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

BROKERS UNITED CORPOR	RATION	
(Name of Corporation as current) P14000072297	ly filed with the Florida Dept. of State)	
	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the	e corporation:	
	The new	
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	•	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		
D. If amending the registered agent and/or reginew registered agent and/or the new registered.	istered office address in Florida, enter the name of the red office address:	
Name of New Registered Agent		
_	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position. ART ART	14 SEP
Signature o	of New Registered Agent, if changing	FIL.

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Paola Migdalski	7030 SW 12th St
Add			Pembroke Pines, FL 33023
Remove			
2) Change	Р	Randall C Migdalski	7030 SW 12th St
Add			Pembroke Pines, FL 33023
Remove		·	
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
l l Remove			

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

The date of each amendment(s) adoption: 09/18/2014	, if other than the
date this document was signed.	
Effective date if applicable: 08/29/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated_09/18/2014	
Signature add Land	_
(By a director, president or other 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)	
Ada F Bravo	
(Typed or printed name of person signing)	
Incorporator	_
(Title of person signing)	