

P 1400084618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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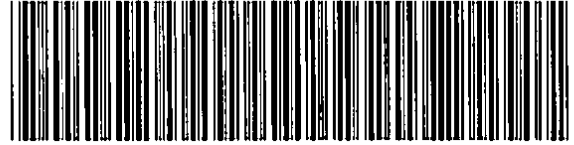
(Business Entity Name)

(Document Number)

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2018 OCT 25 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FL

NC/Amc

R. WHITE  
OCT 25 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2018

JUAN MERCADAL  
1444 BISCAYNE BLVD STE 212  
MIAMI, FL 33132

SUBJECT: FSA GLOBAL CONSULTING INC  
Ref. Number: P14000084648

We have received your document for FSA GLOBAL CONSULTING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 818A00020919

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FSA GLOBAL CONSULTING INC

DOCUMENT NUMBER: P1400008464S

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN MERCADAL

Name of Contact Person

ORANGE BUSINESS SOLUTIONS INC

Firm/ Company

1444 BISCAYNE BLVD STE 212

Address

MIAMI FL 33132

City/ State and Zip Code

contact@orange-miami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MERCADAL at ( 305 ) 417 99 19  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

**FILED**

2018 OCT 25 PM 12: 53

FSA GLOBAL CONSULTING INC

SECRETARY OF STATE

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

P14000084648

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FABIOLA ABEL ROMÉY, P.A.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

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 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change	<u>P</u>	<u>ABEL, FABIOLA</u>	<u>7900 HARBOR ISLAND DR</u>
<u>    </u> Add			<u>APT 1103</u>
<u>X</u> Remove			<u>NORTH BAY VILLAGE</u>
			<u>FL 33141</u>
2) <u>    </u> Change	<u>P</u>	<u>ABEL ROMEO, FABIOLA</u>	<u>7900 HARBOR ISLAND DR</u>
<u>X</u> Add			<u>APT 1103</u>
<u>    </u> Remove			<u>NORTH BAY VILLAGE</u>
			<u>FL 33141</u>
3) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

Purpose: REAL ESTATE SERVICES

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

09/19/2018  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
*Fabiola Abel Romey*

(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)

FABIOLA ABEL ROMÉY

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)