## P16000055438

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DFB Consulting S	ervices, Inc.	
DOCUMENT NUMI	D16000055439		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	•
	Ed Carney		
		Name of Contact Person	n
	Steirman CPAs		
		Firm/ Company	······································
	272 US Highway 46 East, 2r	• •	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Elmwood Park, NJ 07407		
		City/ State and Zip Cod	e
diana	@benacerraf.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Ed Carney		at (	820-3100x103
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
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

(Maine of Colboration as cutter	tly filed with the Florida Dept. of	State)
P16000055438		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopt	s the following amendment(
. If amending name, enter the new name of the corporation:		
DFB Counseling Services, Inc.		The new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviation
• •	NA	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	<del></del>	والمستناخ المستناء
Paramana matthew address of annihables		707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		T
	<del></del>	- <del> </del>
		روره ميس <u>موسود</u> د دوره يور
If amending the registered agent and/or registered office ado new registered agent and/or the new registered office addres		[the
Name of New Registered Agent Diana Frank Benacerraf		
		_ <del></del> _
N/A		
N/A (Florida s	reet address)	<del></del>
	•	orida

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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	,
Type of Action (Check One)	<u>Title</u>	N	l <u>ame</u>	<u>Addres</u> s
1) X Change	P		Diana Frank Benacerraf	3631 Matheson Avenue
Add				Miami, FL 33133
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u>.</u>	
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	,
W/A	
	· · · · · · · · · · · · · · · · · · ·
·	
- New 1-1	
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amenument itsen:
1 0 / / 1	

The date of each amendment(s)	doption:	, if other than th
date this document was signed.	•	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment of the supproval.	ent(s)
	proved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	ement
	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	r
07/08/201 Dated	6	
Signature	Benocent	
(By a select	director, president or other officer—If directors or officers have not be ed, by an incorporator — if in the hands of a receiver, trustee, or other on ted fiduciary by that fiduciary)	
	Diana Frank Benacerraf	
	(Typed or printed name of person signing)	<u></u>
	President	
	(Title of person signing)	