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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: North Dade Consu	Ilting, Inc.		
	BER: P17000029292		····	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	Irvin Joseph			
		Name of Contact Person		
	North Dade Consulting, Inc.			
		Firm/ Company	· - ·	
	21402 West Dixie Highway			
		Address		
	Miami, Florida 33180			
		City/ State and Zip Code		
ijosej	oh16@aol.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call: at (796-9349	
Name	of Contact Person	at (Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	Box 6327	Clifton Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

N/A North Dade	e Consul	I, prite	nc		
(Name of Corpo	ration as currently file	ed with the Florida D	ept. of State)		
151700	00 9696.	.d			
(Do	ocument Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flori</i>	ida Profit Corporation	adopts the follow	ving amer	idment(£
A. If amending name, enter the new name of th	e corporation:				
				The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co".	A professional corp			
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)				
	_				
	_				<u>;;;</u>
C. Enter new mailing address, if applicable:				59	15.03
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)				
	_			26	
				P	25 of 1
				22	-05. 15.
D. If amending the registered agent and/or reginew registered agent and/or the new register		n Florida, enter the r	name of the	5	ATE
					SKOI
Name of New Registered Agent					
		·			
	(Florida street aa	(dress)			
New Registered Office Address:			Florida	ip Code)	_
	(Cily))	(2)	ip Coae)	
New Registered Agent's Signature, if changing l	Registered Agent:				
I hereby accept the appointment as registered agen		and accept the obligati	ions of the position	7.	
	Signature of New Regist	orad Agent if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offheld. 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 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 Chang 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>	<u>Name</u>	Address
1) Change	V	Carol Joseph	21150 Pointe Place Apt. 904
Add X Remove			Miami, Fl. 33180
2) Change Add			
Remove			
3) Change			
Remove			
4) Change		<u> </u>	
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

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

The date of each amendment(s) add date this document was signed.	option:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this drartment of State's records.	ate will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment (licient for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	cnt
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
1	ted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	19	
Signature		
selected,	ector, president or wher officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other coud fiduciary by that fiduciary)	
lı	rvin Joseph	
-	(Typed or printed name of person signing)	
C	Owner	
_	(Title of person signing)	