## P11000001432

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		





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MAY 0 4 2018 ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

٠,

NAME OF CORPO	ORATION: Cooper City Const	alting Group, Inc.	
	BER: P17000061432		
The enclosed Article.	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Marta L. Rub		
	<del></del>	Name of Contact Perso	n
	Cooper City Consulting Grou	ıp, Inc.	
		Firm/ Company	
	17291 NE 19th Avenue		
		Address	<u> </u>
	North Miami Beach, FL 3310	52	
		City/ State and Zip Cod	e
mart	a@ececonsultinggroup.com		
		sed for future annual report	notification)
	E-man address, (to be di	sed for fature annual report	nottication
For further information	on concerning this matter, pleas	se call:	
Marta L. Rub		305	799-4377
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fi	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)
Am Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle
		Tallaha	issee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Cooper City Consulting Group, Inc.

——————————————————————————————————————	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000061432	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR.</u>	<u>ESS</u> )
C. Enter new mailing address, if applicable:	
(Muiling address <u>MAY BE A POST OFFICE BOX</u> )	
	$\omega$
	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent: on familiar with and accept the obligations of the position.
т петену иссерстве аррынитени аз гезиметей адени. Та	in familiar with and accept the onligations of the position.
Signatu	re 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: X Change	<u>PT</u>	John Doc	
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	TS	Marta L. Rub	17291 NE 19th Avenue
XAdd			North Miami Beach, FL 33162
Remove			
2) Change		_	
Add			
Remove			
3 ) Change		_	<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	<del></del>
<del></del>	
<del>-</del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<del></del>	
	<del></del>

The date of each amendment(s) adoption:late this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
April 24, 2018 Dated	
Signature C	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Christopher Eisdorfer	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>