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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BIDWARD COUSCLOSS INC. DOCUMENT NUMBER: P. 15 00 000 8613.	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Yomi Espaize Name of Contact Person	
Name of Contact Person	
Firm/ Company	
8096 NW DIET	
Address Sunsise FL 33301 City/ State and Zip Code	
counselorbroward & small com	
このからしておわいのはがら SMRI 「COP」 E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yumi Respanza at (954) 9017363 Name of Contact Person Area Code & Daytime Telephone Number	
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:	
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

	Articles of incorpo	ration	2018 FFT 20 1011 2: 5
Browa	d Couscloss	INC	
(Name of Co	rporation as currently file	ed with the Florida l	Dept. of State)
	P 1800000461	3.	
	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this <i>Flori</i>	ida Profit Corporatie	on adopts the following amendment(s)
A. If amending name, enter the new name o	f the corporation:		
Broward Courselors	TNC		TI
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation." : "Corp." "Inc." or "Co".	A professional cor	
B. Enter new principal office address, if app	plicable:		
(Principal office address <u>MUST BE_A STREI</u>	ET ADDRESS)		
	_		, , , , , , , , , , , , , , , , , , ,
C. Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFF)</u>	(CE BOX)		
	_		
			<u> </u>
 If amending the registered agent and/or new registered agent and/or the new reg 		n Florida, enter the	name of the
	increa orijee adaress.		
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·
	(Florida street ac	ddress)	
New Registered Office Address:			, Florida
	tCity	7	(Zip Code)
Yang Dagiotanad Campba Signatura if abang	ing Dogistanad Agents		
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		and accept the obliga	utions of the position.
		·	
	 Signature of New Regis. 	tered Agent, if chang	ring

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 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
Kenkee			
6) Change			
Add			
Remove			

(Attach ad	ing or addi Iditional she	ng additional A rets, if necessary	rticles, enter c 9. – (Be specifi	hange(s) her C)	<u>e</u> :			
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provisio	ns for impl	ovides for an elementing the a	mendment if no	ot contained	in the amenda	<u>sent itself:</u>	<u>s.</u>	
(if n	ot applicah	le, indicate N/A))					
		NJA.						
		N) [1:						
		<u> </u>						
				_				

The date of each amendment(s) adoption: 2 12 18 date 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.	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 amendmen by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, prekident or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that (iduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	