P180000057618

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SECRETARY OF STATE

Amend

JUL 1 1 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FB CONSULTING	G SERVICES, INC.	
	BER: P18000057678		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Juan Bonilla		
		Name of Contact Persor	1
	FB Consulting Services, Inc.		
		Firm/ Company	
	19143 S Gardenia Ave		
		Address	
	Weston, Fl. 33332		
		City/ State and Zip Cod	e
juan.	bonilla@me.com		
-	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Juan Bonilla		at (<u>305</u>	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
S35 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		Amend Divisio	Address ment Section n of Corporations Building
	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FB CONSULTING SERVICES, INC.

(Nume of Corporation as	currently filed with the Florida Dept. of State)	
P18000057678	Currents into with the Florida Dept. of State)	
(Document)	lumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corpor	ition:	
		The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbra	ne," or "Co". A professional corporation name i	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		SECUL -S
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent		FOI STATE
Name of the Register Caragest		
	lorida street address)	
New Registered Office Address:	Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	d Agent: familiar with and accept the obligations of the posi-	tion.
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: X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	PS	_	Sheila Fournier-Bonilla	19143 S Gardenia Ave
Add				Weston, FL 33332
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
18 To	
_	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:, if other th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were sur	ated by the shareholders. The number of votes east for the amendment(s) dicient for approval.
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	"
	(voting group)
☐ The amendment(s) was/were ado action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
July 5th, 20 Dated	8
Signature	
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
J	uan Bonilla
-	(Typed or printed name of person signing)
,	lice President
-	(Title of person signing)

the

the