## P21000076519

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

8EP 2 7 2021 S. PRATHER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BDS CONSULTIN	NG INC		
	BER: P21000076519			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	PAUL F. SCHNEIDER			
		Name of Contact Persor	1	
	SCHNEIDER 8 ASSOCIAT	ES OF SOUTH FLORIDA	LLC	
		Firm/ Company		
	1050 SOUTH UNIVERSITY	DR, SUITE A		
		Address		
	PLANTATION, FL 33324			
		City/ State and Zip Code	2	
	PAUL@SCHNEIDERASSO	C.COM		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, plea ER	se call: at (at (		
Name	of Contact Person	Area Co	/ de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 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			Address	
	endment Section		Iment Section	
	rision of Corporations  D. Box 6327	Division of Corporations The Centre of Tallahassee		
	lahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment**

to Articles of Incorporation				HAS	Ϋ́	<u>—</u>
	of			338	+	[T]
BDS CONSULTING INC/				<u> </u>	PH	Ö
(Name of Corpora	tion as currently f	iled with the Florida l	Dept. of State)	STA1	<u>ن</u>	
P21000076519				REFE	£.	
(Docu	iment Number of C	orporation (if known)	··	<del>-&gt;</del>		
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this <i>Fle</i>	orida Profit Corporatio	n adopts the follo	wing am	endme	ent(s) to
A. If amending name, enter the new name of the	corporation:					
BDS CONSULTING OF SOUTH FLORIDA, INC.				The	нен	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	s," or "Co". A p	npany," or "incorporatio professional corporatio	ed" or the abbrev on name must co	riation "C ntain the	orp., " word	•
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	: <i>OX</i> )				<del></del>	
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the	name of the	<u> </u>		
Name of New Registered Agent			·	<del></del>		
	(Florida street	address)				
New Registered Office Address:		<u> </u>	, Florida			
	(C)	ŢŊŦ	(	Zip Code)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obliga	tions of the positi	on.		
Sign	nature of New Regi	stered Agent, if changi	ทย			

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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>	<u>John Do</u>	<u>vc</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3 ) Change		_			
Add					
Remove					
4) Change		<del></del>			
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
Add		<del></del>			
Remove					

diameter and and the state of t	rticles, enter change(s) here: . (Be specific)
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
71	
<del></del>	

09/10/2021			
The date of each amendment(s) adoption:	, if o	ther th	ian the
date this document was signed.			
09/10/2021			
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	<u>-</u>	—	
the min to days that the thank the fix date?			
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be	listed	as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareh	older	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval  by ONE (1)  (voting group)  Signature  (By a director, president or other officer) if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  BARRY SLYPER	SECRETARY OF STATE FALLAHASSEE, FLORIDA	2021 SEP 14 PM 6: 45	FILED
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			