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FEB 2 4 2014 C. CARROTHERS

COVER LETTER

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TO: Amendment Section Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			· •	TALLAHASSEE, FLOI
NAME OF CORPO	RATION: B T SQU	ARE CONSULTAI	NTS, INC.	
DOCUMENT NUM	DOSOOOSSO			
	of Amendment and fee are	submitted for filing.		
Please return all corre	spondence concerning this,	matter to the following:		
	GEORGE B. G	ROSHEIM		
	ACCOUNTING	Name of Contact Person	•	
	7.00001111110	Firm/ Company	<u> </u>	· · · · · ·
	901 S.E. 7TH C	• •		
		Address		
	DEERFIELD B	EACH, FL. 33441		
		City/ State and Zip Code	2	
GF	PENCILPUSHER	@AOL.COM		
		used for future annual report	notification)	
	,			
For further informatio	n concerning this matter, pl			
GEORGE B.	GROSHEIM	at (954	, 481-9844	
Name	of Contact Person	Area Co	de & Daytime Telephon	e Number
Enclosed is a check for	or the following amount ma	de payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	s
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

B T SQUARE CONSULTA	ANTS, INC.			
(Name of Corporation as cu	arrently filed with the Flo	orida Dept. of State)		
P95000058088				
(Document N	Number of Corporation (if	known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>F</i>	ilorida Profit Corporation ado	pts the following	; amendment(s) to
A. If amending name, enter the new name	e of the corporation:			
•				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	ion "Corp," "Inc," or "C	'o". A professional corporati	ated" or the ah ion name must c	breviation contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	applicable: REET ADDRESS)			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the name	e of the	
Name of New Registered Agent	·			
_	(Florida stree	et address)		
New Registered Office Address:	d∳.,	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar wi		of the position.	

; j

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>	<u>Addres</u> s
1) Change	VPT	D ROSEMARY R. DA SILVA	2625 N.W. 29TH DR.
Add		.	BOCA RATON, FL.
Remove		àn C	33434
2) Change	PD	CELIO FONSECA	2625 N.W. 29TH DR.
Add	-		BOCA RATON, FL.
Remove			33434
3) Change			
Add			
Remove		<	
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add		<i>(</i>	
Remove			
δ) Change			
Add			
Remove		4	

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
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	•
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: K TO ROSEMARY R. DA SILVA ON 1/1/13
	•.

The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	1/1/13	
	(no more than 90 days after amendment file date)	
		·
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 2/18	3/14	
Signature		<u> </u>
(by defector, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court	
	pp inted fiduciary by that fiduciary)	
	CELIO FONSECA	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	

14 FEB 21 AM 8: 30
ECRETARY OF STATE