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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: BRAVO ACCOUN	TING SERVICES INC	
	BER: P970000005267		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARINA ZAMORA		
		Name of Contact Person	1
	BRAVO ACCOUNTING SE	RVICES INC	
	-	Firm/ Company	
	650 NW 180TH TER STE 10	)3	
		Address	
	PEMBROKE PINES FL 330	29	
		City/ State and Zip Code	e
ADA	@BRAVOACCOUNTING.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MARINA ZAMORA		954 at (	963-8771
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment 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)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BRAVO ACCOUNTING SERVICES INC	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P97000005267	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation ;," or "Co". A professional corporation name must contain the liation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	
Name of New Registered Agent	
(FI	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
	which was accept the congulation of the position.
Signature o	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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	V. D	ADA F BRAVO	18459 PINES BLVD # 265
Add			PEMBROKE PINES
Remove			FLORIDA 33029
2) X Change	P, D	MARINA ZAMORA	18832 NW 48TH AVE
Add			MIAMI GARDENS
Remove			FLORIDA 33055
3 ) Change			
Add			
Remove			
4) Change			<u>_,</u>
Add			
Remove			
5) Change		_	
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchange provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
C.C. and another 1.1 and 1.2 and 1.4 and 1.4	numeric in not contained in the unrendment toeth
(if not applicable, indicate N/A)	
(ij noi applicable, indicale NA)	
(ij noi applicable, indicale :V/A)	
(if not applicable, indicate N/A)	
(ij noi applicable, indicate N/A)	
(if not applicable, indicate N/A)	

•	07/14/2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:	•	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK_ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
07/14/201 Dated	7	
Signature	Chamora	
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	MARINA ZAMORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	