

P98000048472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

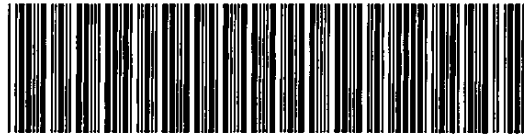
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200106562602

07/30/07--01018--012 **43.75

EFFECTIVE DATE
08-01-02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 JUL 30 PM 12:25

PS 8/17/07
NC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2007

TINA CARDILICCHIA
CARDI CONSULTING ASSOCIATES INCORPORATED
1230 WILSHIRE CIRCLE WEST
PEMBROKE PINES, FL 33027

SUBJECT: CARDI CONSULTING ASSOCIATES INCORPORATED
Ref. Number: P98000048472

We have received your document for CARDI CONSULTING ASSOCIATES INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one adoption of the amendment and return for filing.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 607A00048493

RECEIVED
07 AUG 16 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARDI CONSULTING ASSOCIATES, INC.

DOCUMENT NUMBER: P98000048472

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA CARDILICCHIA
(Name of Contact Person)

CARDI CONSULTING ASSOCIATES, INC.
(Firm/ Company)

1230 WILSHIRE CIRCLE WEST
(Address)

PEMBROKE PINES, FL. 33027
(City/ State and Zip Code)

For further information concerning this matter, please call:

_____ at (954) 432-4064
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AUG. 17. 2007 12:59PM

NO. 006 P. 2



August 17, 2007

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mrs. Smith:

Please be advised that we do not intend to revoke the dissolution of South Florida Career Institute releasing the name.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Tina Cardilicchia', written over a horizontal line.

Tina Cardilicchia
President

1230 Wilshire Circle West
Pembroke Pines, FL 33027
(Phone) 954-447-3139 (Fax) 954-447-3730

The date of each amendment(s) adoption: 7/1/07

Effective date if applicable: 8/1/07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

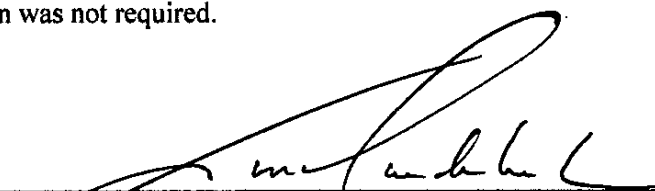
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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 _____."
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

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)

Tina CARDICCHIA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35