## P98000092347

(Re	questor's Name)	
_ (Ad	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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(100	cument Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CSI Consulting, In	c.	
	IBER: P98000092347		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Daniel Ehmke		
		Name of Contact Person	n
	Ehmke & CO, PA		
		Firm/ Company	<del></del>
	621 S Federal Hwyy, Suite 9		
		Address	<del></del>
	Fort Lauderdale, FL 33301		
		City/ State and Zip Cod	c
Dan	iel@ehmkeepa.com		
	· ·	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Daniel Ehmke		954 at (	462-1040
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for 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)
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

## Articles of Amendment to Articles of Incorporation

 $\mathbf{of}$ 

CSI Consulting, Inc.	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P98000092347	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new discorporation." "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD.	
(Timequi office unuress MOST DI. ASTROLLI ADI.	<u>πτου</u> , <u>σ ε</u>
	A: 2
C. Enter new mailing address, if applicable:	57 0
(Mailing address MAY BE A POST OFFICE BO	
	<u> </u>
	平元 35
<b>15. 15.</b> 14. 14. 15. 14. 15. 14.	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	internal trans.
	I am familiar with and accept the obligations of the position.
·	
Sien	ature 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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		JAMES R ADAMS	800 W CYPRESS CREEK ROAD
Add			SUITE 260
X Remove			FORT LAUDERDALE, FL 33309
2) Change	VSTD	STEVEN ALPERT	800 W CYPRESS CREEK ROAD
Add			SUITE 260
X Remove			FORT LAUDERDALE, FL 33309
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) h (Be specific)			
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f an amendment provides for an exch	nange reclassification	or cancellation of is	and shares	
provisions for implementing the ame	ndment if not containe	ed in the amendment	itself:	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/24/2010	
04 Effective date <u>if applicable</u> :	/26/2019	
	(no more than 90 days after amendment file date)	<del></del> -
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca:	st for the amendment(s) was/were sufficient for approval	
by	<i>;</i> "	
- , <u></u>	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareh	oolder
The amendment(s) was/were acation was not required.	dopted by the incorporators without shareholder action and shareholde	T
Dated	4-26-19 Sconado G. Delgalo	
(Bya selec	director, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	LEONARDO J DELGADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	