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COVER LETTER

Tallahassee, FL 32314

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	COVER LETTER 7	. • ••••
	COVEREDIER	
TO: Amendment Section Division of Corporations		
		9 99
NAME OF CORPORATION:	HONOK Consulting Corp.	
DOCUMENT NUMBER:	100000 735 03	
The enclosed Articles of Amendment a	and fee are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
	Jose N Thaceana	
	Jose M. Ibarcena Name of Contact Person	
~ 1	=	
<u>3r</u>	nonok Consulting CORP.	
	10 a st 7 St 1 a a	
	1825 Ponce De Leon Blud, Ste 123	
\circ	Address	
Cora	1 Gables, 7L 33134	
	City/State and Zip Code	
」	MIBARCENA Q gmail. com	
	ress: (to be used for future annual report notification)	
	·	
For further information concerning this	matter, please call:	
Joanne Jerv	is at (305) 2448429	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following ar	mount made payable to the Florida Department of State:	
. /	·	
□ \$35 Filing Fee	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy Certificate of Status	
Certificate		
	(Additional copy is Certified Copy enclosed) (Additional Copy	
	is enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporati		
P.O. Box 6327	Clifton Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Sharak	c Consulting, CORP.	五 等
	ration as currently filed with the Florida Dept. of State)	- O O
	000 73F03	
	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
	N/A	The new
	word "corporation," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation name muthe abbreviation "P.A."	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the red office address:	
Name of New Registered Agent		
	(Florida street address)	_
New Registered Office Address:	, Florida	
	(City) (7	(ip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the positio	on.
	ionature of New Registered Agent, if changing	

27/0

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	<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	VP	Olesya Kim	1825 Ponce De leur Bid St 123
Add		,	St 123
Remove			Colal Gabks, FL 3313
2) Change	<u> </u>		
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	essary). (Be specific)		
				. <u></u>
				
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				·
an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if no	ification, or cancells t contained in the ar	ntion of issued shares, nendment itself:	

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The date of each amendment(s) adoption: September 1, 2019 if other than the
Effective date if applicable: Sepkmoes 11, 2019 (no more than 90) days after amendment file date)
Effective date if applicable: Sepkneed 11, 2019
(no more than 90) days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
(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.
Dated9/11/19
Signature Millemund
(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)
Jose M. Ibarrence
(Typed or printed name of person signing)
President

(Title of person signing)