### Florida Department of State

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN FALCONI CONSULTANTS FOR RESULTS CORP.

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ŠECRETARY OF STATE
TALLAHÁSSEE. FLORIDA

#### Articles of Amendment to Articles of Incorporation of

|   | Articles of Incorporation of         | ,   |
|---|--------------------------------------|---|
| FALC  | ONI CONSULTANTS FOR                  | RESULTS CORP.                                 |
| (Name of Corporati  | on as currently filed with the Flo   | orida Dept. of State)                         |
|   | P12000030679                         |   |
| (Docum  | nent Number of Corporation (if kn    | own)  |
| Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:   | a Statutes, this Florida Profit Corp | notation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co   | rporation:                           |   |
|   |                                      | The new                                       |
| name must be distinguishable and contain the wor<br>"Corp.," "Inc.," or Co.," or the designation "Corp,<br>word "chartered," "professional association," or the | " "Inc." or "Co". A profession       | " "incorporated" or the abbreviation          |
| B. <u>Enter new principal office address, if applicable</u><br>(Principal office address <u>MUST BE A STREET ADL</u>  |                                      | <del></del>                                   |
|   |                                      |   |
|   |                                      |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO   | <u></u>                              |   |
|   |                                      |   |
|   |                                      |   |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered  |                                      | ier the name of the                           |
| Name of New Registered Agent  |                                      |   |
|   |                                      |   |
|   | (Florida street address)             |   |
| New Registered Office Address:  |                                      | . Florida                                     |
|   | (Chy)                                | (Zip Code)                                    |
|   |                                      |   |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent.   |                                      | ohligations of the position.                  |
|   |                                      |   |
| Store   | nature of New Professed doubt 16     | ahunatua                                      |

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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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doc, PT as a Change, Mike Jones. If as Remove, and Sally Smith, SY as an Add.

See attachment

| X Change                      | <u>79</u> | John Doe        |                  |
|-------------------------------|-----------|-----------------|------------------|
| X Remove                      | <u>v</u>  | Mike Jones      |                  |
| X Add                         | <u>sv</u> | Sally Smith     |                  |
| Type of Action<br>(Check One) | Title     | Name            | <u>Addres</u> s  |
| 1) X Change                   | T         | Ludmilla Concon | 78 SW 7th Street |
| Add                           |           |                 | Suite 500        |
| Remove                        |           |                 | Miami, FL 33130  |
| 2) Change                     |           |                 |                  |
| Add                           |           |                 |                  |
| Remove                        |           |                 |                  |
| 3) Change                     |           |                 |                  |
| Add                           |           |                 |                  |
| Remove                        |           |                 | <u></u>          |
| 4) Change                     |           |                 |                  |
|                               |           |                 |                  |
| Remove                        |           |                 |                  |
| 5) Change                     |           |                 |                  |
| Add                           |           |                 |                  |
| Remove                        |           |                 |                  |
| 6) Change                     |           |                 |                  |
| ^dd                           |           |                 |                  |
| Remove                        |           |                 |                  |

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| mach additional sheets, if necessary). (Be specific)   |   |
|--|---|
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| an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |   |
| provisions for implementing the amendment if not contained in the amendment itself.  (if not applicable, indicate N/A) | • |
| <i>"</i>   |   |
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| The date of each amendment(s) adoption: A  | pril 17 <sup>†^</sup> . 2018  | _, if other than the |
|--|---|----------------------|
| date this document was signed.   | •   |                      |
| Effective date if applicable:  |   |                      |
|  | (no more than 90 days after amendment file date)  | <del></del>          |
| Note: If the date inserted in this block does not document's effective date on the Department of | ot meet the applicable statutory filing requirements, this date will state's records.   | not be listed as the |
| Adoption of Amendment(s) (CH   | ECK ONE)  |                      |
| ☐ The amendment(s) was/were adopted by the system by the shareholders was/were sufficient for a  | shareholders. The number of votes east for the amendment(s) approval.   |                      |
| The amendment(s) was/wore approved by the must be separately provided for each voting            | shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                                    |                      |
| "The number of votes cast for the amen   | dment(s) was/were sufficient for approval   |                      |
| by   | <b></b>   |                      |
| by(vor   | (ng group)  |                      |
| The amendment(s) was/were adopted by the laction was not required.                               | board of directors without shareholder action and shareholder   |                      |
| The amendment(s) was/were adopted by the inaction was not required.                              | incorporators without shareholder ection and shareholder  |                      |
| Dated April 17th, 2018   |   |                      |
|  |   |                      |
| Signature (By a director, presi<br>selected, by an inco<br>appointed fiduciary                   | ident or other officer - if directors or officers have not been inpurator - if in the hands of a receiver, trustee, or other court by that fiduciary) | -                    |
| Wilson R   | isolia Rodrigues  |                      |
| . (  | Typed or printed name of person signing)  |                      |
| President  |   |                      |
| <del></del>  | (Title of person signing)   | <del></del>          |

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