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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Advanced Capital	Consulting, Inc.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Dean Mlinarich		
		Name of Contact Person	
	Advanced Capital Consulting	g. Inc	
		Firm/ Company	· · <u> </u>
	8805 Tamiami Trail N #177	, ,	
		Address	
	Naples, Florida 34108		
		City/ State and Zip Code	
deani	mlinarich@gmail.com		
		sed for future annual report	notification)
		•	·
For further informatio	n concerning this matter, pleas	se call:	
Dean Mlinarich		at (298-9489) le & Daytime Telephone Number
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amendi Divisio Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Advanced Capitial Consulting, Inc.

SCEECTARY OR SINCE THE LAHASSEE FLORIDA

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000058501		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Advanced Capital Consulting, Inc.	The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	8805 Tamiami Trail N	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#177	
	Naples, Florida 34108	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8805 Tamiami Trail N	
	#177	
	Naples, Florida 34108	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.	
Signature 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
Kemove				
4) Change	-	_		
Add				
Remove				
S) Ch.				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
. ,	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g not apprecion, material 19.1)	
	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date verticent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
09-08-2017		
DatedSignature	Don Don Revolut	<u>-</u> _
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Dean R Mlinarich	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	