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| (Re                                     | questor's Name)    |                 |  |
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| (Cit                                    | ry/State/Zip/Phone | <del>= #)</del> |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |
| (Bu                                     | siness Entity Nar  | me)             |  |
| (Do                                     | ocument Number)    |                 |  |
| Certified Copies                        | _ Certificates     | s of Status     |  |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Longterm Tactical Evolution, Inc                                         |                                             |                                                                   |                                                                                        |  |  |
|-----------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBI                                                                                | DOCUMENT NUMBER:                            |                                                                   |                                                                                        |  |  |
| The enclosed Articles o                                                                       | f Amendment and fee are sul                 | omitted for filing.                                               |                                                                                        |  |  |
| Please return all correspondence concerning this matter to the following:                     |                                             |                                                                   |                                                                                        |  |  |
| 1                                                                                             | Nicholas Reach                              |                                                                   |                                                                                        |  |  |
| _                                                                                             |                                             | Name of Contact Persor                                            | 1                                                                                      |  |  |
| 1                                                                                             | Longterm Tactical Evolution,                | ine                                                               | •                                                                                      |  |  |
| _                                                                                             |                                             | Firm/ Company                                                     |                                                                                        |  |  |
| i                                                                                             | 556 Jester Road                             |                                                                   |                                                                                        |  |  |
| -                                                                                             |                                             | Address                                                           |                                                                                        |  |  |
| <b>Y</b>                                                                                      | Yadkinville NC 27055                        |                                                                   |                                                                                        |  |  |
| <del>-</del>                                                                                  |                                             | City/ State and Zip Code                                          | 2                                                                                      |  |  |
| nickrea                                                                                       | ach61@gmail.com                             |                                                                   |                                                                                        |  |  |
|                                                                                               |                                             | ed for future annual report                                       | notification)                                                                          |  |  |
|                                                                                               |                                             |                                                                   | ,                                                                                      |  |  |
| For further information                                                                       | concerning this matter, pleas               | e call:                                                           |                                                                                        |  |  |
| Nicholas Reach                                                                                |                                             | 912                                                               | 663-7098                                                                               |  |  |
| at (                                                                                          |                                             |                                                                   | _) 663-7098                                                                            |  |  |
| Name of Contact Person Area Code & Daytime Telephone Num                                      |                                             |                                                                   | de & Daytime Telephone Number                                                          |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |                                             |                                                                   |                                                                                        |  |  |
| □ \$35 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) |  |  |
| <u>Maili</u>                                                                                  | ing Address                                 | Street                                                            | Address                                                                                |  |  |
|                                                                                               | ndment Section                              |                                                                   | Amendment Section                                                                      |  |  |
|                                                                                               | ion of Corporations                         |                                                                   | on of Corporations                                                                     |  |  |
| =                                                                                             | Box 6327<br>hassee, FL 32314                | Clifton Building 2661 Executive Center Circle                     |                                                                                        |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| Longterm Tactical Evolution, Inc                                                                                     |                                |                                     |                                  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| ( <u>Name</u>                                                                                                        | of Corporation as currently    | filed with the Florida Dep          | t, of State)                     |
|                                                                                                                      | (Document Number of            | Corporation (if known)              |                                  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:                                             | 1006, Florida Statutes, this I | Florida Profit Corporation a        | dopts the following amendment(s) |
| A. If amending name, enter the new na                                                                                | ame of the corporation:        |                                     |                                  |
| Triad Consulting Group, Inc                                                                                          |                                |                                     | The _new                         |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C    | Co". A professional corpor<br>P.A." | orated" or the abbreviation      |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )    |                                | N/A                                 |                                  |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST                                              |                                | N/A                                 | 10 3                             |
|                                                                                                                      |                                |                                     |                                  |
| D. If amending the registered agent ar<br>new registered agent and/or the ne                                         |                                |                                     | me of the                        |
| Name of New Registered Agent                                                                                         | N/A                            | <del></del>                         |                                  |
|                                                                                                                      | (Florida stre                  | et address)                         | <del></del> .                    |
| New Registered Office Address:                                                                                       | N/A                            |                                     | . Florida N/A                    |
| ton together office read sign.                                                                                       |                                | City)                               | (Zip Code)                       |
| New Registered Agent's Signature, if c I hereby accept the appointment as registered.                                |                                | ith and accept the obligation       | rs of the position.              |
|                                                                                                                      | Signature of New Re            | egistered 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.

| X Change                      | <u>PT</u>                | John Doe    | ,       |
|-------------------------------|--------------------------|-------------|---------|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones  |         |
| X Add                         | <u>sv</u>                | Sally Smith |         |
| Type of Action<br>(Check One) | Title                    | Name        | Address |
| l)Change                      |                          | N/A         | ·       |
| Add                           |                          |             |         |
| Remove                        |                          |             |         |
| 2) Change                     |                          | N/A         |         |
| Add                           |                          |             |         |
| Remove                        |                          |             |         |
| 3) Change                     |                          | N/A         |         |
| Add                           |                          |             |         |
| Remove                        |                          |             |         |
| 4) Change                     |                          | N/A         |         |
| Add                           |                          |             |         |
| Remove                        |                          |             |         |
| 5) Change                     |                          | N/A         |         |
| Add                           |                          | •           |         |
| Remove                        |                          |             |         |
| 6) Change                     |                          | N/A         |         |
| Add                           |                          |             |         |
| Remove                        |                          |             |         |



|                                        | nal sheets, if necessar                           | y). (Be specific                      | )                 |                    |                     |             |
|----------------------------------------|---------------------------------------------------|---------------------------------------|-------------------|--------------------|---------------------|-------------|
| N/A                                    |                                                   |                                       |                   |                    |                     |             |
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|                                        | •                                                 |                                       |                   |                    |                     |             |
| F. If an amendm                        | ent provides for an e<br>r implementing the s     | exchange, reclass                     | ification, or car | ncellation of issu | ed shares,<br>self: |             |
| (if not ap                             | plicable, indicate N/A                            | )                                     |                   |                    | <del></del>         |             |
| N/A                                    |                                                   |                                       |                   |                    |                     |             |
|                                        |                                                   | · · · · · · · · · · · · · · · · · · · | <del></del>       |                    |                     |             |
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| <b>Y</b>                                                                 | 4 April 2016                                                                          | en a la la                                                |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The date of each amendment(s) ad date this document was signed.          | option:                                                                               | , if other than th                                        |
| •                                                                        | pril 2016                                                                             | ·                                                         |
| Effective date if applicable:                                            |                                                                                       |                                                           |
| <del>-1 </del>                                                           | (no more than 90 days after a                                                         | amendment file date)                                      |
| Note: If the date inserted in this bedocument's effective date on the De |                                                                                       | y filing requirements, this date will not be listed as th |
| Adoption of Amendment(s)                                                 | (CHECK ONE)                                                                           |                                                           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were suf      | pted by the shareholders. The number of v<br>ficient for approval.                    | otes cast for the amendment(s)                            |
|                                                                          | roved by the shareholders through voting geach voting group entitled to vote separate |                                                           |
| "The number of votes cast                                                | for the amendment(s) was/were sufficient for                                          | or approval                                               |
| by N/A                                                                   |                                                                                       | ,,                                                        |
| · · · · · · · · · · · · · · · · · · ·                                    | (voting group)                                                                        |                                                           |
| ☐ The amendment(s) was/were ado action was not required.                 | pted by the board of directors without shar                                           | eholder action and shareholder                            |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators without sharehole                                           | der action and shareholder                                |
| Dated A                                                                  | 2016<br>Zu / Z                                                                        |                                                           |
| Signature                                                                | 7~/ <u>~</u>                                                                          |                                                           |
| (By a di                                                                 | rector, president or other officer - if direct                                        | ors or officers have not been                             |
|                                                                          | l, by an incorporator - if in the hands of a                                          | receiver, trustee, or other court                         |
| appoint                                                                  | ed fiduciary by that fiduciary)                                                       |                                                           |
|                                                                          | Nicholas J Reach                                                                      |                                                           |
|                                                                          | (Typed or printed name of pers                                                        | on signing)                                               |
| •                                                                        | CEO/ President                                                                        |                                                           |
|                                                                          | (Title of person sig                                                                  | nino)                                                     |