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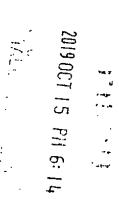
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CONSULTING INC.				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this r	natter to the followin	g:			
BRIAN YACKER					
	(Name of Conta	et Person)			
YH ADVISORS					
	(Firm/ Com	ipany)			
5882 BOLSA AVENUE, SUITE 100					
	(Addres	ss)			
HUNTINGTON BEACH, CA 92649					
	(City/ State and	Zip Code)			
BYACKER@YHADVISORS.COM					
E-mail address: (to be	used for future annua	il report no	tification)	
For further information concerning this matter, ple	ease call:				
JOHLENE DE LOS SANTOS		310 at		982-2725	
(Name of Contact Pe	rson)	(Are	a Code)	(Daytime Telephone Nun	nber)
Enclosed is a check for the following amount mad	le payable to the Flor	ida Depar	ment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & □\$43.75 Filing tus Certified Cop (Additional co enclosed)	y	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street A Amenda	ddress nent Secti	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKILLFORCE CONSULTING INC.				
(Name of Corporation as curren	itly filed with t	he Florida Dept. of :	State)	
N19000010474				
(Document Numb	er of Corporatio	on (if known)		
Pursuant to the provisions of section 617,1006. Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i> .	Not For Profit Corp.	oration adopts the	following
A. If amending name, enter the new name of the corporat	ion:			
				_The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incor _i	porated" or the abbr	eviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		:	20
	·		<u> </u>	
			: -	2019 OCT 15 FM
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)			*,	
(Maing dates)				
				<u> </u>
				<u>-</u> -
D. If amending the registered agent and/or registered offi	na addrace in F	lorida, enter the na	me of the	
new registered agent and/or the new registered office :		ioriaa, enger the nai	ne of the	
Name of New Registered Agent:				
				•
	.	(Florida street addr	ess)	
New Registered Office Address:				
			Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fa	miliar with and	accept the obligation	is 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.

	hange emove	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
	of Action k One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _	Change	CST	GERALD SOLOMON	920 NE 119TH STREET
<u>X</u>	Add			MIAMI, FL 33161
_	Remove			
2)	Change	PCEO	LAYLAH BULMAN	920 NE 119TH STREET
$\frac{1}{x}$				MIAMI, FL 33161
	Remove			
3)_	Change	<u>v</u>	KATHLEEN SCHOFIELD	920 NE 119TH STREET
<u>X</u>	Add			MIAMI, FL 33161
	Remove			
4) _	Change			
	Add			
	Remove			
<i>5)</i>	Change		<u> </u>	
	Add			
	Remove			- <u>.</u>
6) _	Change			_
_	Add			
	Remove			

 	
	_
	<u> </u>

The	date of each ame	ndment s) adoption:	_, if other than th
date	this document was	s signed.	
Effe	ective date <u>if appli</u>		
		(no more than days after amendment file date)	
	_	ted in this block does not meet the applicable statutory filing re-uirements, this date will not bate on the Department of State's records.	oe listed as the
Ado	ption of Amendm	$\underline{C} = \underline{C} = \underline{ONE}$	
	The amendment(s was/were sufficient	s) was/were adopted by the members and the number of votes east for the amendment(s) int for approval.	
	There are no mem adopted by the be	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	10/10/2019	
	Signature		_
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		GERALD SOLOMON	
		(Typed or printed name of person signing)	
		CHAIRMAN	
		(Title of person signing)	