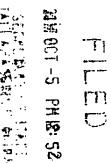
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COVER LETTER

NAME OF CORPORATION: Riccio Consulting, Inc.

DOCUMENT NUMBER: PO2,000039408

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FYON IC RICCIO Name of Contact Person

PICCIO CONSULTING

Firm/ Company

DESO Address

Shiring Entail address: (to be used for future fundual report notification)

For further information concerning this matter, please call:

FYON IC RICCIO at (95)

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

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

☐\$43.75 Filling Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filling Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

•	Articles of Incorpora	
	of	
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of
Riccio Consultina Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P02000029408
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
$\bigcap \bigcap \bigcap$
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Frankie Riccio
10150 nw 4n St (Florida street address)
New Registered Office Address: SUNISC Florida 33351 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Gran Rin

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	PT John Doe			
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Saily Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s		
1) Change	P Frank Riccio	10150 nw 47th St.		
Add		Surisc, FC 33351		
X Remove				
2) Change	P Frankie Riccio	10150 nw 47th St		
Add		SUNVISE, FL 333SI		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change				
Add				
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
f 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:	
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	e will not be listed as the
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.	ı
☐ 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):	n
"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.	
Dated 10/03/2017 Signature Harrili	
(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)	
Mankie Ricio	
(Typed or printed name of person signing)	
(Typed or printed name of person signing) [Aux dext-	
(Title of person signing)	