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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Abraham Accour	nting Company		
DOCUMENT NUM	DUSUUUUSSEED			
The enclosed Article	s of Amendment and fee are so	abmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	Aneliese Abraham			
		Name of Contact Person	n	
		Firm/ Company		
	1798 Isabel Road Este			
	Boca Raton, FL 33486	Address		
		City/ State and Zip Cod	e	
ane	lieseabraham@hotmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Aneliese Abraham		561	289-3051	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P02000052669 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Abraham Construction Consulting, Inc. 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 "F.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: (Ciy)(Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar 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: XChange	₽T	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3) Change			
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

f 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 NA)		heets, if necessary).	(Be specific)				
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(if not applicable, indicate N/A)	<u>provisions for imp</u>	<u>lementing the ame</u>	ndment if not c	ontained in the	amendment	itself:	
	(if not applicab	de, indicate N/A)					

		·					
							

late this document was signed.	ption:, 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 will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder
5/14/2019 Dated	
(By a dir selected.	ector, 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 I tiduciary by that fiduciary)
A	neliese Abraham
-	(Typed or printed name of person signing)
F	resident
_	(Title of person signing)