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2009 NOV -5 AM II: 32
SECRETARY OF STATE
TALLAHASSEF, FI ORIDA

NC.

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Fivera Consulting & Management Services DOCUMENT NUMBER: PC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: onsulting & Management Services Corp For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

+ IVera Consult (Name of Corporation as curre			services wr
Par Z on on P	CDC(Dept. of State)	
	Difference of Corporation (if known	vn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	• `	•	adopts the following
A. If amending name, enter the new name of	the corporation:		
Fivera Services name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	he word "corporation," designation "Corp," "Inc,	" or "Co". A profession	
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>)		/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		V/A	MOV-5 MIII: 32
D. If amending the registered agent and/or renew registered agent and/or the new registered agent ag		Florida, enter the nam	e of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	(dress)	
_		, Florida_	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agents.		nd accept the obligations	of the position.
Si	ignature 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Demove
			☐ Add ☐ Remove
			[Domovo
	ding or adding additional Articles, end dditional sheets, if necessary). (Be sp		
F Ifan a	mendment provides for an exchange,	raclassification or cancal	lation of icensed shares
provisi	ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: November 1, 2009
Effective date if applicable: November 1, 2009
(no more than 90 days after amendment file date)
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.
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):
"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 10/29/09
Signature (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)
Veronica Ezewike (Typed or printed name of person signing)
Managing Director (Title of person signing)