## P04000003837

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FOCUS CONSUL	TING GROUP, INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this may	tter to the following:	
	JENNI GIUSTI		
-		Name of Contact Perso	n
		Firm/ Company	
	1820 N CORPORATE LAK	ES BLVD. SUITE #206-3	
•	WESTON, FL 33326	Address	
-		City/ State and Zip Cod	le
JENN	IGIL@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JENNI GIUSTI		305 at (	527-6082
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment 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		Amen Divisi Cliftor	Address dment Section on of Corporations n Building
Talla	ihassee, FL 32314	2661 1	Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FOCUS CONSULTING GROUP, INC.		MIN BEP	٠.	
(Name of Corporation	as currently filed with the Florida Dept. of State)	35		
P04000003837		(~) (a)	3.	
(Docume	nt Number of Corporation (if known)			٠,
Durstment to the provisions of section 607 1006. Florida	Statutes, this Florida Profit Corporation adopts the follow	uing anwa	d desant	~` (e) !r
its Articles of Incorporation:	statutes, this Fiorum Froju Corporation adopts the folio	wing amen	giriciii G	(3) 11
			C.	
A. If amending name, enter the new name of the cor	poration:			
NIMETRIX, INC		The		
	"corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name mubbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )		_	
			_	
			<u>-</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·)			
D. If amending the registered agent and/or registere				
new registered agent and/or the new registered o	ffice address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	, Florida			
	(City) (C	Zip Code)	_	
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position	an a		
Thereo, accept me appointment as registered agent. T	an jamaa wan ana areepi ne oonganons oj me posme			

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	$\underline{SV}$	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
4) Change Add		_		
Add Remove				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

ittaen <i>adaitional</i>	dding additional Art sheets. if necessary).	(Be specific)	<del></del>		
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f an amendmen	provides for an exc	change reclassifie	ution or cancellati	ion of iccued chare	e e
provisions for i	nplementing the am	endment if not cor	ntained in the ame	endment itself:	<u></u>
	cable, indicate N/A)				
N/A	<del></del>				

• • •	09/17/2018	
	loption:	_, if other than the
date this document was signed.		
09/1 Effective date <u>if applicable:</u>	7/2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	1	
09/17/2018 Dated Signature		
(By a d	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	JENNI GIUSTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	