## P06000124709

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

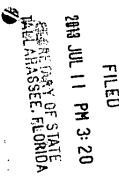
Office Use Only



900249313489



07/11/13--01012--019 \*\*35.00



7/15/13

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Fishbone C	Consulting Inc	
DOCUMENT NUMB	P0600012470	9	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	Zita Markus		
-		Name of Contact Person	1
-	0074114	Firm/ Company	
<u>.</u>	2054 Wells Ave		
;	Sarasota fl 34232	Address	
_		City/ State and Zip Code	9
zita	markus@gmail.co		
<del>- •</del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Zita Markus		at (941	284-6480
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

	FILED	
<b>1</b> 13	JUL 11 PM 3: 20	Đ
	The state of the s	•

## Fishbone Consulting Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000124709

(Document Number of Corporation (if known)

iment(s) to

	.1	
. If amending name, enter the new name of the	e corporation:	
		he
	word "corporation," "company," or "incorporated" or the abbi- Corp," "Inc," or "Co". A professional corporation name must cor the abbreviation "P.A."	
. Enter new principal office address, if applica	able:	
Principal office address <u>MUST BE A STREET A</u>	ADDRESS )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	<del></del>	
	istered office address in Florida, enter the name of the	
. If amending the registered agent and/or reginew registered agent and/or the new register		
	red office address:	
new registered agent and/or the new register	red office address:	
new registered agent and/or the new register	red office address:	
new registered agent and/or the new register	red office address:	
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent  New Registered Office Address:	(Florida street address)	
Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if changing	(Florida street address)	

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 <math>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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	vp	Zsolt Kadar	2054 Wells Ave
X Add			Sarasota FL 34232
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			No.
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del>*</del>	
	<del>-                                      </del>
If 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:

he date of each amendment(s) adoption: July 8, 2013	
ffective date if applicable:	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	roved 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)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 7/08/20	013
Signature (By a fi selected	irector, 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)
	ZITA MARKUS (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)