. (R	equestor's Name))
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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200162748372



COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: Monoli	th Consulting Inc
*	00036976
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Robert	Acocellg of Contact Person
Mon	olith Consulting The,
4221 No	W 10th Terr. Address
Ft. Laug	derdale, FL. 33309 State and Zip Code
Monolithconsu E-mail address: (to be used for	thinging & gmail. com
For further information concerning this matter, plea	ase call:
\mathcal{O}	at (561) 674-8229 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

	Articles of Amendment		
•	to	FILED	
Ā	Articles of Incorporation	2000	
	of ONSULTING ently filed with the Florida I O 36976 ober of Corporation (if known	Dept. of State HASSEE FLORIS	
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the follow	wing
A. If amending name, enter the new name of MONO! HO BU name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the	Ultion Growthe word "corporation," "c		•.
name must contain the word "chartered," "pro			
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	TADDRESS) Ste	102- Raton, FL. 3343	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)	<u>:</u>		•
D. If amending the registered agent and/or remew registered agent and/or the new registered.		Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ada	ress)	
	(City)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ngent. I am familiar with ana		
S	Signature of New Registered A	lgent, 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>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
······································			☐ Add ☐ Remove
			
	nding or adding additional Articles additional sheets, if necessary). (E		
			•
<u> </u>			
			·
<u>provi</u> :	amendment provides for an excharsions for implementing the amendrate of not applicable, indicate N/A)	ige, reclassification, or cancell nent if not contained in the am	ation of issued shares, eendment itself:
··· •	- Mary Mary Strategy - Mary St		

. The date of each amendment(s)	
Effective date if applicable:	11/12/2009 (date of adoption is required)
	o more than 90 days after amendment file date)
• • • • • • •	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
*Dated	1/2/2009
Signature /	Ved G. Chorells
(By a c	director, 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 ited fiduciary by that fiduciary)
-	Robert J. Acocella (Typed or printed name of person signing)
-	(Title of person signing)