P09000066015

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SECRETARY OF STAIL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	P0900066015	Consulting Inc.				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	•			
Please return all corre	spondence concerning this ma	atter to the following:				
	Taylor Smith					
	Name of Contact Person Ortega Tiger Consulting Inc.					
	Firm/ Company 1819 Goodwin Street					
	Jacksonville, FL 3220	Address 4				
		City/ State and Zip Coo	ie			
taylo	or.smith1@comcast.ne	et				
	E-mail address: (to be us	sed for future annual repor	t notification)			
For further information	n concerning this matter, pleas	se call:				
Taylor Smith		904	226-1689			
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE ONLYISION OF CORPORATIONS

of Ortega Tiger Consulting Inc. 15 JAH - 2 PH 3: 36 (Name of Corporation as currently filed with the Florida Dept. of State) P09000066015 (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: 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 "P.A." 1819 Goodwin Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32204 C. Enter new mailing address, if applicable: 1819 Goodwin Street (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32204 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: . Florida_ New Registered Agent's Signature, if changing Registered Agent:

Page 1 of 4

I hereby 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	<u>PT</u>	John Doe	·		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	٧	Kathleen ES Smith	1819 Goodwin Street		
Add			Jacksonville, FL 32204		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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provisions for implementing the ame	nange, reclassificendment if not co	ation, or canc ntained in the	ellation of is amendmen	sued shares, itself:	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific indment if not co	ation, or canc ntained in the	ellation of is amendmen	sued shares, itself:	
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provisions for implementing the ame	nange, reclassific	ation, or canc	ellation of is amendmen	sued shares, itself:	

The date of each amendment(s) a	doption:	F. ED, if other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable:	/30/14	DIAISION OF COM SWALOW
Effective date it applicable.	(no more than 90 days after	er amendment file date 15 JAN -2 PM 3: 36
		·
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of ufficient for approval.	f votes cast for the amendment(s)
	proved by the shareholders through voting reach voting group entitled to vote separa	
"The number of votes cas	for the amendment(s) was were sufficient	t for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without sh	nareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareho	older action and shareholder
12/29/1 Dated	4	
Duted	<u> </u>	
Signature	161M Xunt	
(By a	irector, president or other officer - if dire	
	ed, by an incorporator – if in the hands of a nted fiduciary by that fiduciary)	a receiver, trustee, or other court
арроп	•	
	Taylor Smith	
	(Typed or printed nam	ne of person signing)
	PVST	
	(Title of perso	on signing)