P10000044155

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(Cit	ry/State/Zip/Phone	e #)
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PILED STATE DIVISION OF CORPORATION

Amend 118,13

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Altegon Consulting Inc. DOCUMENT NUMBER: P100000 44155				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ms. Lisa Supeno Skokov Name of Contact Person Altegon Consulting Inc. Firm/Company clo 650 SE 12+h St., Suite 105 Address Dania FL 33004 City/ State and Zip Code altegoninc Olive. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ms. Lisa Supeno SKOKOV at 186, 241-4280				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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13
13 JAN 18 PM 1: 26
" 1: 26"

(Name of Corporation as currently sile)	The C. ed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the hbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	650 SE 12th Street Suite 105
	Juite 105
	Dania FL 33004
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered of	
	firce address:
	(Florida street address)
New Registered Office Address:	, Florida(City) (Zip Code)

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> <u>John</u>	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_5_	Barbara Supeno	
Add			
_X Remove			
2) Change		Joseph Supeno	
Add			
_ X _ Remove		r C1	
3) Change		Francis Supeno	
Add			
Remove	,		
4) Change	<u>S</u>	Barbaro Ernst	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Artic</u> (Attach <i>additional sheets</i> , <i>if necessary</i>).	cles, enter change(s) here: (Be specific)
	<u> </u>
pr- service	
	
	
F. If an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, and and an angular shares and an angular share sha
(if not applicable, indicate N/A)	
	- · · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: <u>\anvary 16, 2013</u>
Effective date if applicable: January 16,2013
(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 January 16,2013
Signature_ LiAa Lubur Stoher
(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)
Lisa Subena Skokov
(Typed or printed name of person signing)
President
(Title of person signing)