

Office Use Only

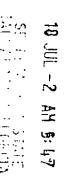


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R. WHITE JUL 05 2018



COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: QMD CONSULTING; INC. DOCUMENT NUMBER: PHONE: 2254	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Kern Redmond Name of Contact Person	
amo Consulting, Inc Firm/Company	
Firm/ Company	
336 N Birch Rd 5C Address	
FOA Landerdale, FL 33304 City/ State and Zip Code	
City/State and Zin Code	
City state and zap code	
Kevin. Redmond@ ampconsultiv	ng.com
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kevin Redmand at (954), 547-314 Name of Contact Person Area Code & Daytime Teleph	3
Name of Contact Person Area Code & Daytime Teleph	one 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) \$35 Filing Fee Certified Copy (Additional copy is enclosed)	tus
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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FILED

Articles of Amendment Articles of Incorporation

18 JUL -2 AM 9: 47

amp Consulting, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

P1000012254

(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
NA name must be distinguishable and contain the word "corporati	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent N/A	
art a	treet address)
(r ioriai s	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen	r:
I hereby accept the appointment as registered agent. I am familiar	

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P_	Lora Jomstol	336 N Birch Rd 5C
Add			Ff Landerdole, FL 3330
Kemove			
2) Change	P	Kevin Redmond	336 N Birch Rd SC Ft. Lauderdale, PL 33304
.∴ ∧dd			11. Deviction 10 1 2 3200
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	f necessary). (Be	enter change(s specific)			
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10/17					
					
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f an amendment provide	s for an exchange	<u>, reclassificatio</u>	n, or cancellation	of issued shares,	
provisions for implement	ting the amendme	<u>ent</u> if not <u>conta</u>	ined in the amend	ment itself:	
(if not applicable, ind	icaie way				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stat must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	
Dural 6/28/2018	
Dated 6/28/2018 Signature 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	