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JAN 2 6 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Professional C	Connection Inco	orporated	
DOCUMENT NUMBI				
The enclosed Articles o	f Amendment and fee are su	bmitted for fili	ng.	
Please return all corresp	ondence concerning this ma	tter to the follo	wing:	
	Amanda Anthony			
-		Name of Co	ontact Persor	1
•	The Professional Connection	, dba FlyInStyl	e	
-	WEEK POPPICE	Firm/ C	Company	
2	2029 N. Ocean Blvd #208			
_		Ad	dress	
1	Ft Lauderdale, Florida 33305	5		
_		City/ State	and Zip Code	e
amand	a.a.anthony@gmail.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
				,
For further information	concerning this matter, pleas	se call:		
Amanda Anthony		at (954	648-4947
Name of Contact Person				de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Additiona enclosed)	Сору	□\$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

The Professional Connection Incorporated					
(Name of Corporati	on as currently	filed with the Florida	Dept. of State)		
P12000007246					
(Docum	nent Number of (Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Corporati	on adopts the follow	ving amendm	ent(s)
A. If amending name, enter the new name of the co	orporation:				
				The nev	w
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "C	o". A professional coi		abbreviation	n
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			SECRETAR TALLAHASS	2016 JAN 22
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter the	name of the	Y OF STATE	PM 3: 47
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·			•
	(Florida stree	et address)			
New Registered Office Address:	·		, Florida		
	(0	City)	(Z	ip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		th and accept the obliga	ations of the position	n.	
Sian	nature of New Res	pistered Agent if chang	ino		

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				*** **********************************
2) Change		_		
Add				
Remove				
3) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Kellove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article III _ Please remove existing description of the company's purpose and replace with:
"The purpose for which this corporation is organized is:
CONSULTING, MARKETING SERVICES AND TECHNOLOGY SOLUTIONS "
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	JANUARY 1, 2013	10
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	43W45D44 0040	
Effective date if applicable:	ANUARY 1, 2013	
meetive date <u>it appareatie</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were 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 for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	r
action was not required.		
1/18/16 Dated		
Signature	Anthon	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	AMANDA ANTHONY	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	