## P12000030679

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MAR 2 5 2014

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	<sub>ATION:</sub> INDG MANA	GEMENT CONS	ULTING CORP		
	<sub>ER:</sub> P120000300	679			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	LOUANA OLIV	'EIRA			
_ 	DUVEKOT CO				
	200 SOUTH A		E		
	FT LAUDERD				
AD	MIN@DUVEK	City/ State and Zip Cod	с		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
LOUANA O	LIVEIRA	<sub>at (</sub> 305	, 716-9775		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address  Amendment Section		Street Address Amendment Section			

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314



Articles of Amendment Articles of Incorporation

14 MAR 24 AM 10: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## INDG MANAGEMENT CONSULTING CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P12000030679

dment(s) to

(Document Number o	a Corporation (ii know	nı)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florid</i>	a Profit Corporation adopts t	ne following amendme
A. If amending name, enter the new name of the c FALCONI CONSULTANTS	S FOR RES		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc." or "Co",	A professional corporation is	" or the abbreviation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	d office address:		<u>he</u>
Name of New Registered Agent			
	(Florida street ad	dress)	
New Registered Office Address:		, Florida	
	(City)	(2	ip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		nd accept the obligations of th	e position.

Page 1 of 4

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 us an Add.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>míth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<del></del> -			
Add				ga
Remove				
2) Change				
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T. Komore				
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	icles, enter change(s) here: (Be specific)
	-
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	if other than th
Effective date if applicable:		
Enecuve date it applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved 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	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The umendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_MARCI	H 10. 2014	
Dated	LAS-Com	
(By a	director, president or other officer — directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	MATEUS BANDEIRA	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	<u> </u>

FILESS

14 MAR 24 AM ID: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA