## P12000035352

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DEPARTMENT OF STATE

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## COVER LETTER

NAME OF CORPORATION: Patlevall Consulting Group, Inc.  DOCUMENT NUMBER: 712000 35 352	
DOCUMENT NUMBER: 2/2000 35 352	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elton Patterson  Name of Contact Person	
Name of Contact Person	
Pir (Comment)	
Firm/ Company	
P.O Box 10833  Address  Tallahassee/FLorida/32314	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elton Patterson at (321) 354-7851	
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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 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

Patterson Consulting	Grave -	Inc.			
(Name of Corporation as currently file	led with the Flor	ida Dept. of State	<u>)</u>		
P12000035352					
(Document Number of	Corporation (if k	nown)	-		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Flo	orida Profit Corpo	<i>ration</i> adop	ts the following	amendment(s) to
A. If amending name, enter the new name of the co	orporation:				
				<b>a</b> ,,	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co	o". A professionai	"incorpora l corporatio	ted" or the ab	breviation
B. Enter new principal office address, if applicable	<u>::</u>			<u> </u>	T - 77
(Principal office address MUST BE A STREET ADD	<u>ORESS</u> )			117	9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	( <u>X</u> )			10000 1001 1001001	D
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, ente	r the name	of the	
Name of New Registered Agent					
	(Florida stree	t address)			
New Registered Office Address:	(City)		, Florida	(Zip Code)	
	(Chy)			(zip code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<mark>gistered Agent:</mark> I am familiar wi	th and accept the o	obligations c	of the position.	
Signature of No	ew Registered Ag	ent, 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	PT John	<u>Doe</u>	·
X Remove	<u>V</u> <u>Mik</u>	2 Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change Add Remove	DVST	Henry Janise	Hols Granada Blud Tallahassee, Fc 32305
2)Change Add Remove	DVST	Patterson, Auswey	4615 Granada Bivd Tallohassee, FL 32305
3 ) Change Add Remove			
4) Change Add Remove	<u></u>	<u> </u>	
5) Change Add Remove			
6) Change Add Remove	<del></del>		

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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•				
				<del></del>
			<del></del>	
	-			
· · · · · · · · · · · · · · · · · · ·				
If an amendment provides for an exch provisions for implementing the ame	<u>iange, reclassificati</u> ndment if not cont	on, or cancellation	n <u>of issued shares</u> dment itself:	2
(if not applicable, indicate N/A)				
				<del></del> -
				<u> </u>

The date of each amendment(s) a	doption:9-19-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated9_	-19-12 G A
Signature(By a conscient scients	director, president or other officer - if 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)
	ELTON PATTERSON (Typed or printed name of person signing)
	Presiden+
	(Title of person signing)