(Requestor's Name) (Address)	400238778
(Address)	400200110
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/29/1201013-
(Business Entity Name)	
(Document Number)	,
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Record to high to me

NAME OF CORPORATIO	_{N:} Integrated	Planning S	Solutio	ons, Inc.	
DOCUMENT NUMBER: _	ENT NUMBER: P12000054595				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresponder	nce concerning this ma	tter to the following	ng:		
	7	Thomas Bu	ıckrido	16	
<u> </u>		Name of Contr			
		Nummariu			
		Firm/ Con	npany		
640	1 Birminghan	n Ave.			
		Addre	ess		
Zep	hyrhills, FL	33542			
		City/ State and	l Zip Code	;	
tom	@nummarius	LLC.com			
E	mail address: (to be us	sed for future annu	ual report	notification)	
		U.			
For further information conce	rning this matter, pleas	se can:			
Thomas Buck	ridge	at (813	788-2506	
Name of Cont	act Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Flo	orida Depa	rtment of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional control of the control o	ру	□\$52.50 Filing Fee ∴ Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	t Section Corporations		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation

21/2 AUG 29 PM 3: 47

Integrated Planning Solutions, Inc.

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

P12000054595

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

Implexus Planning S		The
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	rd "corporation," "company," or "incorporated o," "Inc," or "Co". A professional corporation n abbreviation "P.A."	" or the abbrevi name must contai
Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>N/A</u>	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	he
(Mailing address <u>MAY BE A POST OFFICE B</u>	red office address in Florida, enter the name of t	<u>he</u>
(Mailing address MAY BE A POST OFFICE B	red office address in Florida, enter the name of t	he
If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of t	he
If amending the registered agent and/or registered agent and/or the new registered	red office address in Florida, enter the name of to office address: N/A	he

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		N/A	
Add			
Remove		•	
2) Change			
Add			
Remove			***************************************
3) Change			
Add			
Remove			
4) Change			- Annahari da mara di Annahari da Mara
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

n additional sheets, if necessary). (Be specific) N	/A
amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
isions for implementing the amendment if not conta	ined in the amendment itself:
if not applicable, indicate N/A)	
N/A	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

The date of each amendment(s) adoption:	August 25, 2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((voting group)
☐ The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by taction was not required.	the incorporators without shareholder action and shareholder
Dated August 2	25, 2012
Signature	L. B. C.
	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduci	iary by that fiduciary)
	Thomas Buckridge
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)