P12000/03688

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T. LEMBEUX

COVER LETTER

TO: Amendment Section Division of Corporations

<i>a</i> :	1	
NAME OF CORPORATION: SIVITE		onal Inc.
DOCUMENT NUMBER: P12000	2103688	
The enclosed Articles of Amendment and fee are sul	omitted for filing.	·
Please return all correspondence concerning this mat	ter to the following:	
<u>Kate</u>	Bland Name of Contact Perso	n
Sivirtint	ernationa Firm/Company	linc.
1534 Summ		
Idaho Falls,	ID 83404 City/ State and Zip Cod	e .
Marukatıblan E-mail address: (to be us	d @ 9 M G 1 ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Mary K Bland Name of Contact Person	at (U23	404-4174
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee \$\text{Cértificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	-	Address dment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

3

SIVINF INTERMIGITION GITTING.	
•	tly filed with the Florida Dept. of State)
P12000103488	
(Document Number	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 amendment(s) to
A. If amending name, enter the new name of the corporation:	•
Trivis Federal Inc.	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>)	NIA
,	
C. Enter new mailing address, if applicable:	1534 Summer Way
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1.
	Idaho Falls ID 83409
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
	551.
Name of New Registered Agent NA	
(rioriaa s	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Chy) (Zip Code)
•	, mary
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of New	Registered Agent, if changing
	F " '-

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.

Example: X Change	PT John Doe		•	
X Remove	W Mike Jones			
X Add	Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s	
1) Change	\			
Add				
Remove				
2) Change			-	
Add	\	\		
Remove			·	
3)Change			·	
Add				_
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			\	
Remove			\	
6) Change				
Add		,		
Remove			,	

	icles, enter change(s) here: (Be specific)
NIA	
NA	
•	
·	
	·
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
J/A	

The date of each amendment(s) adoption: N A , if other than date this document was signed.
*
Effective date <u>if applicable</u> : NH (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 date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)
(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.
Dated 7/27/2014
1001100
Signature Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
David W. Bland
Typed or printed name of person signing)
President
(Title of person signing)