# P13000070987

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SEURETARY OF STATE

AND

C. LEWIS

APR 2 4 2014

EXAMINER

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ADI	EPTIER CON	SULTING,	INC	
DOCUMENT NUMBER: P1300	0070987			
The enclosed Articles of Amendment a		filing.		
Please return all correspondence conce	ming this matter to the f	ollowing:		
MICHAEL	. YOO			
ADEPTIE	Name o	of Contact Person NG, INC		
11 S OSC	Fir EOLA AVE #	m/ Company 3203		
ORLAND	O, FL 32801	Address		
	City/Si	ate and Zip Code		
	o@gmail.com	ire annual report n	otification)	
For further information concerning this	matter, please call:	· ,		
MICHAEL YOO		at (301	943-2530	
Name of Contact Person	1	Area Code	e & Daytime Telephone Number	
Enclosed is a check for the following a	mount made payable to	the Florida Depart	tment of State:	
■ \$35 Filing Fee □\$43.75 F. Certificat	e of Status Certif	5 Filing Fee & ied Copy ional copy is sed)	□\$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		

## APPROVED AND FILED

#### Articles of Amendment to Articles of Incorporation of

14 APR 17 AM 9: 56

-SECRETARY OF STATS TALLAHASSEE, FLORIOA

### ADEPTIER CONSULTING, INC

(Name of Corporation as currently filed	[ALLAHADDLL: PLUMON   Invite the Florido Dent. of State)
P13000070987	with the Fivings Dept. of State)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	oration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	11 S OSCEOLA AVE #3203
(Principal office address <u>MUST BE A STREET ADDR</u>	ORLANDO, FL 32801
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11 S OSCEOLA AVE #3203
(Manning districts) (MATT BEATT OUT OF THE BOTT)	ORLANDO, FL 32801
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	
Name of New Registered Agent MICHAE	L YOU
11 S OS	CEOLA AVE #3203
	(Florida street address)
New Registered Office Address: ORLANE	, rionda
	(City) (Zip Code)

Mochel K.

Signature of New Registerell 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 as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<b></b>		
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional (Attach additional sheets, if necessar	Articles, enter change(s) here:	
I/A	y). (De specific)	
		<del></del>
		<u> </u>
		•
	<del> </del>	
<del></del>		
TP		ad abawa
provisions for implementing the	exchange, reclassification, or cancellation of issu- amendment if not contained in the amendment it	self:
(if not applicable, indicate N/2	A)	
I/A		
		<del></del>
······································		
· <del></del>		

AFPROVILI AND FILED

i ne date of each amendment(s) ac	loption:			, if other than th
date this document was signed.		14 APR 17	AM OLED	
Effective date if applicable:				
metave date <u>it applicable</u> .	(no more than 90 days after amendn	nepi file date)	TUPSTATE	•
		TALLAMASS	et. Fl. ORIDA	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ca fficient for approval.	st for the amend	lment(s)	
	roved by the shareholders through voting groups. each voting group entitled to vote separately on the			
"The number of votes cast	for the amendment(s) was/were sufficient for appr	oval		
by	(voting group)	**************************************		
	(voting group)			
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder	action and shar	eholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action	on and sharehol	der	
Dated_APRIL 1	4, 2014			
Signature	Micein K. Jw			
selected	rector, president or other officer — if directors or of the directors or of the directors of a receiver			
appoint	ed fiduciary by that fiduciary)			
	MICHAEL YOO			
•	(Typed or printed name of person	on signing)		
	PRESIDENT			
•	(Title of person signing	)		