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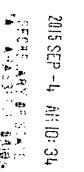
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SEP 1 0 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ADVISOR CONSU	JLTING GROUP, CORP.			
DOCUMENT NUMBI	ER: P13000073261				
	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
F	Selipe Munoz				
_		Name of Contact Person			
,	ADVISOR CONSULTING GROUP, CORP.				
-		Firm/ Company			
1	12550 Biscayne Blvd, Suite 203				
_		Address			
ľ	Miami, Fl, 33181				
_		City/ State and Zip Code	;		
finuno	z@acgofamericas.com				
		ed for future annual report	notification)		
		•			
For further information	concerning this matter, pleas	e call:			
Felipe Munoz		aı (<u>786</u>	2399236		
Name of	f Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle essee, FL 32301		

The Land

Articles of Amendment to Articles of Incorporation of

2015 SEP -4 AM 10: 34

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ADVISOR CONSULTING GROUP, CORP.

(<u>Name o</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
11:3000073201	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:		s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new na	ime of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or			
B. Enter new principal office address,		12550 Biscayne Blvd, Suite 203		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Miami, FI, 33181		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12550 Biscayne Blvd, Suite 203 Miami, Fl, 33181		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office addre	dress in Florida, enter the name of the		
Name of New Registered Agent				
	(Florida s	treet address)		
New Registered Office Address: 12550 Biscayne Blvd, Sui		ite 203 Florida 33181		
		(City) (Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agen ered agent. I am familiar	nt: with and accept the obligations of the position.		
	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 <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	<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>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
	-				
		 			
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			· <u> </u>	·	
					
				·	
an amendment provides for an exclusions for implementing the ame	nange, reclassificat	ion, or cancel	lation of issue	<u>d shares.</u>	
(if not applicable, indicate N/A)	namen ii not con	attica iii tiic a	menament no	<u> </u>	
				<u> </u>	
					····

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (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 w document's effective date on the Department of State's records.	rill not be listed as the
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	
 ■ 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. 08/30/2015 Dated	
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)	
(Typed of printed name of person signing)	
Divector (Title of person signing)	