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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BUSINESS INTER	LIGENCE GROUP CS, I	NC.
DOCUMENT NUMI			·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	RAUL GASTESI, JR., ESQ.		
		Name of Contact Person	1
	GASTESI & ASSOCIATES,	P.A.	
		Firm/ Company	
	8105 NW 155 STREET		
		Address	
	MIAMI LAKES, FL 33016		
	<u> </u>	City/ State and Zip Cod	e
rgaste	esi@gastesi.com		
		sed for future annual report	notification)
	(10 00 -		,
For further information	n concerning this matter, pleas	se call:	
RAUL GASTESI JR.,	ESQ.	at (818-9993
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

of	•	₹.,		
BUSINESS INTELLIGENCE GROUP CS, INC.			5	
(Name of Corporation as currently file	ed with the Florida Dept. of State)	₹	SEP.	1
P14000017774	•	\$28°	<u>.</u>	*****
(Document Number of Con	rporation (if known)	m _C	<u>₽</u>	T
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the fol	NO.		nent(
A. If amending name, enter the new name of the corporation:	. :	>		
		T	he ne	w
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	. A professional corporation name			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the			•
new registered agent and/or the new registered office address:				
Name of New Registered Agent				
(Florida street a	ddress)			
New Registered Office Address:	, Florida			_
(City	——————————————————————————————————————	(Zip Coo	le)	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the pos	ition.		
Signature of New Regis	tered 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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change	VP		MIGUEL ANGEL ALICEA		13306 Shipwrights Circle	
X Add					Solomons, MD 20688	_
Remove						_
2) Change	····	- ,				_
Add						
Remove						_
3)Change						_
Add						_
Remove			·		****	
4) Change						_
Add						
Remove					***	_
5) Change		_				
Add						_
Remove				•		_
6) Change						
Add				•		
Damaya						

	(Be specific)	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
I an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	_
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:	

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendacient for approval.	lment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	oted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were adopaction was not required.	eted by the incorporators without shareholder action and shareho	lder
September 1 Dated	1, 2016	
Signature	MO	
(By a di	rector, president or other officer – if directors or officers have no, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	MIGUEL ANGEL ALICEA, JR.	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	