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TO: Amendment Section Division of Corporation				, Co
	RATION: Students Rotation	Software, Inc.		
DOCUMENT NUME	BER: P15000000413	·	· · · · · · · · · · · · · · · · · · ·	•
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	Max Cacchione			
		Name of Contact Person	n	
	Students Rotation Software,	Inc.		
	Miami, FL, 33173			
		City/ State and Zip Cod	e	
max@	Protationmanager.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Max Cacchione		at (⁸⁸⁸	670-2234	
Name o	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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Students Rotation Software, Inc.

(Name of Corporati	tion as currently filed with the Florids	Dept. of State)
P15000000413		Ü
(Досиг	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADi</u>	<u>DRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	,	. Florida
New Registered Office Hauress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		zations of the position.
Sigr	nature of New Registered Agent, if chan	ging

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	PT	John Do	<u>e</u>	
X Remove	Y	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change	 _			
Add				
Remove				
4) Change				- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				
5) Change			<u> </u>	
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
(Change				
6) Change				
Remove				

-	ach additional sheets, if necessary). (Be specific)
	e Article IV:
3,222.	.088 common shares no par value
•	
<u>If</u> a	on amendment provides for an exchange, reclassification, or cancellation of issued shares, covisions for implementing the amendment if not contained in the amendment itself:
pr	(if not applicable, indicate N/A)
19	
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pr	
A A	
ρŗ	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/20/20 Dated Signature	017	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	Maxime Cacchione	
	(Typed or printed name of person signing)	
	PTD	
	(Title of person signing)	