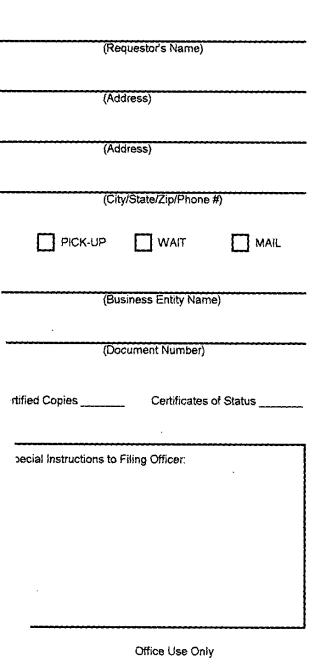
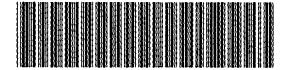
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MAY 23 2016

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: F. A. B. CONSULTING I CORP DOCUMENT NUMBER: P150000 22330
DOCUMENT NUMBER: PISODOD ZZ 330
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FELIPE BASSI Name of Contact Person
Name of Contact Person
FAB CONSULTING I CORP.
Firm/ Company
590/NW1515T +127
Address
MIAMILAKES FL 33014
City/ State and Zip Code
FABCONSULTINGI DGMAIL, CON
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRLIAZ BASSI at 786, 502 2178
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee 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

Articles of Amendment Articles of Incorporation CONSULTING. 1 CORP (Name of Corporation as currently filed with the Florida Dept. of State) 0000 22330 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the 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) 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 address) New Registered Office Address: Florida (City) (Zip Code)

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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		/ 57	1
3) Change			
Add			
Remove			
4) Change		/	
Add			
Remove			
5) Change		_ /	_
Add			
Remove	/	/	
6) Change	\perp		
Add			
Remove //	/		

Page 2 of 4

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The date of each amendment(s) adopt	tion: O4	12/2016.		, if other than the
date this document was signed.				 -
Effective date if applicable:	00/1	2/2016	•	
	(no move than	1 90 days after amendmer	nt file date)	
Note: If the date inserted in this block document's effective date on the Depart			equirements, this date wil	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		he number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for	the amendment(s) was/w	vere sufficient for approv	al	
by			n	
	(voting group)			
The amendment(s) was/were adopted action was not required.	d by the board of directo	ors without shareholder a	ction and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators w	vithout shareholder action	and shareholder	
Dated O5	12/2016			
/ Signature	Sum	\geq		
	tor, president or other of	fficer - if directors or off	icers have not been	
selected, b	y an incorporator - if in	the hands of a receiver, t		
appointed	fiduciary by that fiducian	гу)		
	FELIPRE	BASSI ed name of person signing		
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