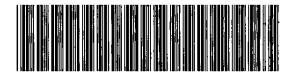
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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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MAY 19 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEXUS KEVILW and CONSULTING INC		
DOCUMENT NUMBER: P15000041242		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Fernando Chaves Name of Contact Person		
Nexus Review and Consulting Inc		
38 Leaver DR.		
Palm Coast FL 32137		
City/ State and Zip Code		
FM Chaves MD @ gmAil. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
FERNONAO Chaves at (386) 864-3132 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Street Address Amendment Section		
Division of Corporations Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

16 MAY 18 PM 4: 28

Nexus Review and Consult	ing INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000041242	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co .," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	🔊 . A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	15°**
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
Name of New Negamerea rigent	
(Florida stree	et address)
New Registered Office Address:	, Florida
((City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
C'	aistored Agent if changing
Nanature of New Res	σινιντνα ασθηί 11 ζησησιησ

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VPS Tina Chaves	38 Leaver DR
Add Remove		Palm Coast Ft 32137
2) Change	D Elizabeth Chaves	38 Leaver DR
Add Remove		32137
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	. (Be specific)			

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provisions for implementing the am				
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provisions for implementing the am				
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)				
provisions for implementing the am				

Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depar	ick does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		<u> </u>
	(voting group)	6
action was not required.	ted by the board of directors without shareholder action and shareholder	HAY 18
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	PH 1866
Dated	5/16	28
Signature	May AD	_
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	I fiduciary by that fiduciary)	
_	Fernando MChaues	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	