P15000070530

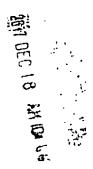
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

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TO: Amendment Section Division of Corporation	rations			Mark Control of the C
NAME OF CORPOR	ATION: SZS INC			
	ER:			4
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		Q S
Please return all corresp	nondence concerning this mat	ter to the following:		•
Ş	SHAZIA HUMA			
-		Name of Contact Person	1	
I	PEAR CONSULTING			
-	<u> </u>	Firm/ Company		
	15054 CORBY CT			
-		Address		
,	WELLINGTON, FL 33414			
-		City/ State and Zip Cod	c	
SUPPO	ORT@PEARCONSULTING	.NET		
	_	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se cali:		
SHAZIA HUMA		at (460 5833	_
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	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 Induction Section Sion of Corporations Box 6327 Shassee, FL 32314	Amen Divisi Cliftor 2661 1	Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SZS INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000070530 (Document Number of Corporation (if known) 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: PEAR CONSULTING INC 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) _, Florida New Registered Office Address: ___ (City) 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 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 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: <u>X</u> 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)	Title	<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			

ach additional sheets, i	dditional Articles, if necessary). (Be	e specific)			
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an amendment provid	les for an exchang	e, reclassificatio	on, or cancellati	on of issued shar	res,
rovisions for impleme	nting the amendm	ent if not conta	ined in the ame	ndment itself:	
(if not applicable, in	iaicaie iv/A)				
					
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				-	
					

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The date of each amendment(s) addate this document was signed.	ption:	, if other than the
Effective date if applicable:		_
	(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, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendmenticient for approval.	ent(s)
☐ The amendment(s) was/were appromist be separately provided for	oved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and shareh	ıolder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	г
12/14/2017		
Dated	5 Muia	
(By a d	rector, president or other officer – if directors or officers have not by the second of the second o	een
	SHAZIA HUMA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	