## P1500001416

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

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		<b>COVER LETTER</b>	•	1
TO: Amendment Secti Division of Corpo		•		Maria Company
NAME OF CORPOR	ER: <u>P15000</u>	nsulting 6	group	A SOLUTION OF THE PARTY OF THE
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Lindsa	Y Tharp D Name of Contact Person	reloach	
-		NSULTING E		
	434 Lou	ver 36th A	ve s	
		Address	FL 32250	
	E-mail address: (to be us	econsulting annual report	GOYOUP. COY	1
For further information	concerning this matter, pleas	se call:		
Undsay Name o	Tharp Dellor Contact Person	000 at ( 904 Area Co		<del></del>
Enclosed is a check for	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)	
	ling Address ndment Section	Amend	Address Iment Section	
Divi	sion of Corporations	Divisio	on of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles	of	Incorporation

		of		_	<u> </u>
	She	CON	SULTING	Urou	P INC.
(Name of Corp	oration as cur	rently filed	with the Florida De	ept. of State)	
		P15	000074	916	
(E	Ocument Numb	per of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	lorida Statutes,	this <i>Floria</i>	la Profit Corporation	adopts the follo	wing amendment(s)
A. If amending name, enter the new name of t	the corporation	<u>1:</u>			
sm. Photographu	1 MC.				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp." "Inc."	or "Co".	company," or "inco A professional corp	rporated" or th oration name m	e abbreviation
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		_	NIA		9 H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )		NIA		TO THE PART OF THE
D. If amending the registered agent and/or re new registered agent and/or the new regist			Florida, enter the n	ame of the	
Name of New Registered Agent	NI	<u> </u>		<u>. — </u>	
N	(Florid	da street add	dress)	. Florida	
New Registered Office Address:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(City)		FIORIGA(	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as	g Registered A vent. I am fami	gent: liar with a	nd accept the obligati	ons of the positi	on.
	Signature of N	lew Registe	red Agent, if changin	· g	

## 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	<u>PT</u>	John Do	<u>૯</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>\$V</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			·····	
Add				
Remove				
2) Change		_		
Add				
Remove				<del></del>
3 ) Change		_		
Add				
Remove				
4) Change		_		
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	s for an exchange, r	reclassification, or	cancellation of is	sued shares,	
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The date of each amendment(s) adoption:
Effective date if applicable:
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by·"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 111419
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lindsay T. Dewach
(Typed or printed name of person signing)
owner / Registered Agent
(Title of person signing)