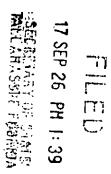


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SEP 27 2017

COVER LETTER

TO: Amendment Section Division of Corpor	rations			
NAME OF CORPORA	ATION: Clark	Technolo	gy Consulting Co	
DOCUMENT NUMBI	ER: 13 00	009703	<u> </u>	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:	,	
	Lissette	- Carmin	a clark	
_	<u>-</u>	Name of Contact Person	1	
_		Firm/ Company		
	6539	SW 132	CT CIP	
_	Miami	Addrace	3183	
_		City/ State and Zip Code	2	
*	Famail address: tto be us	sed for future annual report	notification)	
	ig-mail address, pro oc us	sea for fatale dividuo report		
For further information	concerning this matter, pleas	se cali:		
J. Was	+	305	207-6191	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 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)	
Maili	ng Address	Street	Address	
Amer	ndment Section		lment Section	
	ion of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation

17 SEP 26 PM 1: 39

Clark Technolog	Consultation of State St
(Name of Corporation as current	ly filed with the Florida Dept. of State Part 1 GuriDA
P15000097	033
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida 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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6539 SW 132 CT Cir
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	65'39 SW 132 CT Cir Miami FL 33183
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6539 SW 132 CT Cin
Cruming address Strippe, 11 Out Of FICE DOO	M E1 32183

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	Lissette		Carmina		clark	<u> </u>
	6539	ડહ્ય	132	LT	Cir	
•	ιF	lorida stree	t address)			
New Registered Office Address:	Mia	m j			, Florida	3318
	(City)				(Zin Code)	

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

Thereby accept the appointment as registered agent. Tam 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: X Change	PT John	<u>Doc</u>			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
<u>X</u> Add	SV Sally	Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	P 5	Caridad Calaza	15337 SW 44 St		
Add			Miam: FL 33 185		
X Remove					
2) Change	PS	Lissette Carmina C	lark		
X Add			6539 EW 132 CT CIT		
Remove			Miami FL 33183		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5; Change					
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if necessary).	(Be specific)				
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		<u></u>	<u> </u>		
f an amendment provides for an exc	dranga raalaeeifia	ention or conce	Hatian of issues	d chares	
provisions for implementing the am	endment if not co	ontained in the	amendment its	elf:	
(if not applicable, indicate N/A)					
					
				<u>. </u>	
				<u> </u>	
				<u>. </u>	_ .

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocoment's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amen licient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and sha	reholder
action was not required.	ited by the incorporators without shareholder action and shareholder	lder
Dated	9/21/2017 Her C. Ohm:	
Signature 💉 🔾	Her C. (Vluc.	
(By a dii selected	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or off d fiduciary by that fiduciary)	
	Lissette Carmina C (Typed or printed name of person signing)	lark
-	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	