

<u>'' - '</u> '
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11

Office Use Only



800303308258

09/06/17--01011--028 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	LONSULTING INC
DOCUMENT NUMBER:	00011003
The enclosed Articles of Amendment and fee a	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
VINCE	NT Leone
	Name of Contact Person  L CONSULTING TUC
8	928 Shady Pavillion CT
LAN	DD DLAKES FL 34637
VLP ONC F-mail address: (to	City/ State and Zip Code  S851 @ UAh 60 . Co m  De used for future annual report notification)
For further/information concerning this matter,	
Name of Contact Person	at (721) 2010321  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	 ade payable to the Florida Department of State:  }
\$35 Filing Fee Gertificate of State	
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

## FILED

**Articles of Amendment** 

Articles of Incorporation \$100年27人的Y (13.5%) A

17 SEP -6 AH 11: 05

VDL Co	NSULTING INC
(Name of C	orporation as currently filed with the Florida Dept. of State)
P 16 00	9011003
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:
	The new
	the word "corporation," "company," or "incorporated" or the abbreviation or "Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if ap	
(Principal office address <u>MUST BE A STRE</u>	<u>(ET'ADDRESS</u> )
C. Enter new mailing address, if applicable	
(Mailing address <u>MAY BE A POST OFF</u>	
D. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent	
<u></u> -	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if chang	Sine Resistant and Asserts
	l agent. I am familiar with and accept the obligations of the position.
,	
	Signature of New Registered Agent, if changing

,						
address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or D , if necess rector titl President = Chief I rr, Directo I in the fo wes the c	prector being sary)  The by the first let; T= Treasure  Financial Officer would be Pallowing manne or poration, Sa	added:  Iter of the of  T: S= Secre  T: If an of  T: Currently  Ily Smith is	ffice title: tary: D= Director: T ficer/director holds n v John Doe is listed a.	fficer/director being removed and title, name, a  FR= Trustee; C = Chairman or Clerk; CEO = Chairman or than one title, list the first letter of each off  as the PST and Mike Jones is listed as the V. There  These should be noted as John Doe, PT as a Chang	tief Tee e is
Example: X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add  Type of Action (Check One)	<u>SV</u> <u>Title</u>	Sally Smith Nar	Ī	<i>)</i>	Address	a
1) Change Add	VŤ	<u> </u>	NDA	Leone	2928 Shary Buillio LAND OLAMS, FC 3	N C 463
Remove						
2) Change						

(Check One)  1) Change	VP	DINDA Leon	Ne 8928 Shary Buillion.
Add	<del></del>		Ne 8928 Shary Buillion
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<del> </del>
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, ,	
E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
j	
	<u> </u>
	<u> </u>
T. 16	reclassification, or cancellation of issued shares,
nrovisions for implementing the amendment	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
.,	

,	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	ays after amendment file date)
tho more man 90 a	ays after umenament fue uate)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to you	h voting groups. The following statement e separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
(voting group)	
The amendment(s) was/were adopted by the board of directors wi action was not required.	thout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators withou action was not required.	t shareholder action and shareholder
8/6/17	
Dated O / H / II /	
Signature // / / / / / / / / / / / / / / / / /	- if directors or officers have not been
selected, by an incorporator – if in the h	ands of a receiver, trustee, or other court
Mincear	D. Leone
(Typed or printed nat	ne of person signing)
1 RASI	PENT
	person signing)
II II	