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(Cit	ty/State/Zip/Phone	⇒ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OSBORNE CON	SULTING INC	
DOCUMENT NUMB			
The enclosed Articles (of Amendment and fee are st	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
1	MELISSA L KIRK		
-		Name of Contact Person	1
•	OSBORNE CONSULTING	INC	
-		Firm/ Company	
:	5678 MERLIN WAY		
-		Address	
\$	SAINT CLOUD FL 34772		
		City/ State and Zip Code	2
MKIR	K19@ICLOUD.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MELISSA KIRK		at (⁴⁰⁷	340-0743
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amende Division Clifton	Address ment Section n of Corporations Building counting Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OSBORNE CONSULTING INC	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P16000069157	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EP 23 PH 2: 00
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	
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	<u>PT</u>	John Doc		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	VP	DANIEL D O	SBORNE	5678 MERLIN WAY
Add				SAINT CLOUD FL 34772
X Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter cha Attach additional sheets, if necessary). (Be specific)		
Alla Assaria		
	——————————————————————————————————————	
	,	
f an amendment provides for an exchange, reclassift provisions for implementing the amendment if not (if not applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:	
		•

The date of each amendment(s)	09-20-2016 adoption:	, if other than the
date this document was signed.	-20-16	
Effective date if applicable:		-
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholde	or
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	9-20-16	
Signature	Mellesa III	
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary)	t
	MELISSA KIRK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person cianing)	~

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	$oldsymbol{a}$
	DANNY D OSBORNE 1108
	5678 MERLIN WAY: 407-891-0902 ST CLOUD, FL 34772
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