Ploamas

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
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(B	usiness Entity Name)	1
(D	ocument Number)	
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S. YOUNG

Articles of Amendment to Articles of Incorporation of

A&A Consulting, Inc.		
(Name of Corporation as currently filed s	with the Florida Dept. of State)	
P16000090023	-	
(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607-1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amer	idment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A word "chartered," "professional association," or the abbreviation "P.A"	mount " or "incorporated" as the About	
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 <u>MAY BE A POST OFFICE BOX</u>)		
). If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the	FILE.
Name of New Registered Agent	É ORI	를 3: (
		5
(Florida street address	.)	
New Registered Office Address:	, Florida	_
(Cuy)	(Zij) Code)	
Few Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent—I am familiar with and ac	evept the obligations of the position	
Signature of New Registered 2	Agent, if changing	

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: A&A Consulting, Inc. DOCUMENT NUMBER: P16000090023 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Euribiades Cerrud II, Esq. Name of Contact Person CPLS, PA Firm/ Company 210 East Pine Street, Suite 445 Address Orlando, FL 32801 City/ State and Zip Code ECenud@CPLSpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Euribiades Cernid II, Esq. at (407) 647-7887 Area Code & Daytime Felephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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. Freasurer; 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
δ; Change			
Add			
Remove			
(i) Change		-	
Add			
Remove			

icic i v 7 ne nombet at characilha avesa	(Be specific)
The number of shares the corpo	pration is authorized to issue is 100,000 shares at \$5.00 per share
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-	
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an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares.
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
- VI noi abblicable maicate X/41	
y is approximate interest to the	
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
November 20, 2017 Dated / hala faux	
(By a director, president or other officen – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustec, or other court appointed fiduciary by that fiduciary)	
Habbet Angelo A. Navas Santa	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	