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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: F.A.M. CONSULT	TING SERVICES CORP			
DOCUMENT NUMB	P17000006645				
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
		MARTHA D GONZALE	Z		
_	Name of Contact Person				
	FAM CONSULTING SERVICES CORP				
-	Firm/ Company				
	7911 NW 72 AVENUE SUITE 215-B				
-	Address				
_	MEDLEY FLORIDA 33166				
	City/ State and Zip Code				
	FAMILICORP@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MARTH	A D GONZALEZ	786	354-1144		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
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)		
Mailing Address Amendment Section Division of Corporations		Amend	Address Iment Section on of Corporations		
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

F.A.M. CONSULTING SERVICES CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docume	P17000006645 ent Number of Corporation (if known)
	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	Thenew
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PFCC)
(Frincipal Office address MOST BE A STREET ADDR	<u>====</u>
	TO BE THE
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
	02
D. If amonding the registered egent and/ou registered	d office address in Florida antantha name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ure 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	FELIX GONZALEZ FRIAS	16919 N BAY RD APT 818-2
Add			SUNNY ISLES FL ,33178
X Remove			
2) Change	VP	MAIRE RAMOS	8360 NW 147TH COURT
Add			MIAMI FLORIDA 33160
X Remove			
3) X Change	<u>P</u>	MARTHA D GONZALEZ	10013 NW 26 AVENUE
Add			MIAMI FLORIDA 33166
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Do monified)
(Attach additional sneets, if necessary).	(ве specific)
TA	
11 an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	08/11/2017	
The date of each amendment(s) ac date this document was signed.		, if other than the
J	08/11/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the licient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The folioeach voting group entitled to vote separately on the amen	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	A Section
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action a	and shareholder ARR 8
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and s	
08/11/20 Dated Signature 1/2	Was -	02
(By a di selected	corp. pesident or other officer – if directors or officers h by an incorporator – if in the hands of a receiver, trustee	
appoint	ed fiduciary by that fiduciary)	
	FELIX GONZALEZ FRIAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	 _