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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Joe Saider Consulting Inc P17000054743 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Conaci. 2206 Summit Drive Hillshorovan, NC 27278
City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 862 - 8938

Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

	Articles of Incor	poration		D
$\langle \cdot \rangle_{0,2}$		unsulting 20	1941011 10 0	
(Name of Cor	poration as currently f	filed with the Florida I	Dept. of State)	112:40
P	17000054	743 SE	CRETARY LAULANASSE	STATE
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Fl</i>	orida Profit Corporatio	n adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional cor		he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		220 Mac	Factare 7	Dr. # 206
		Delray Be		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		2206 Su	mmit Dr	ive
(Hillshiringh		
D. If amending the registered agent and/or r new registered agent and/or the new regis		s in Florida, enter the	name of the	
Name of New Registered Agent	Thomas Sa	alamone		
	·	arlane Drive	, #20	<u></u> (φ
* -	Delray Beno	<u>h</u>	, Florida	33483 (Zin Code)
	- (0	,		(in the county
New Registered Agent's Signature, if changing	ng Registered Agent:			
I hereby accept the appointment as registered a	gent. I am familiar wit	h and accept the obliga	tions of the posit	ion.
	EDIUL	ululd		
	Signature of New Reg	istered Agent, if changi	ng	

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 Doe			
X Remove	<u>v</u>	Mike Jone	<u>es</u>		
X Add	<u>sv</u>	Sally Smit	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	<u> </u>	<u>Name</u>		<u>Addres</u> s
1) Change				_	
Add				_	
Remove				-	
2) Change				_	
Add				_	
Remove				-	
3) Change		_ _		_	
Add				_	
Remove				-	
4) Change				_	
Add				_	
Remove				_	
5) Change				_	
Add				_	
Remove					
6) Change				-	
Add				-	
Remove				_	

Attach additional sheets, if necessary),	(Be specific)
f an amendment provides for an eyeb	nange, reclassification, or cancellation of issued shares,
i an antenument provides for all CACI	
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	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 number of votes case by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by(voting group)	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder
Dated $11/10/2018$ Signature Oush Suf	
Signature Osch Sm	
(By a director, president or other officer - if directors or of	
selected, by an incorporator – if in the hands of a receiver,	trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signit	ng)
President	
(Title of person signing)	