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S. YOUNG

S. YOUNG

FILED
RIGHTARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	POOD 62090	
DOCUMENT NUMBER: P17	000062090	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Diagram and the second		
Please return all correspondence concerning the		
A6USTI	Name of Contact Person TALENT INC	
	Name of Contact Person	
MIAN	11 TALENT INC	
	Firm/ Company	
	Address	
	City/ State and Zip Code	
/ 1	(1)	
tinicardo	be used to future annual report notification)	
n-man address. (to	be used to future annual report notification)	
For Grether information	5.1 W	
For further information concerning this matter,	please call:	
ABUSTIN R AGU	1160A 706 (1116-311.6	
Name of Contact Person	ACERA at (786) 444-3169 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee		
Certificate of Sta	tus Certified Copy Certificate of Status	
	(Additional copy is Certified Copy	
	enclosed) (Additional Copy	
	is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
f Division of Corporations	Division 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 of

	OT INC.
	ation as currently filed with the Florida Dept. of State)
P17000062	090
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.4006. Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	The
B. Enter new principal office address, if applica	ble: 11423 NIV 88 AVE DDRESS) Haleah Gadens FL
(Principal office address MUST BE A STREET A	DDRESS)
	33018
C. Enter new mailing address, if applicable:	indo the for the
(Mailing address <u>MAY BE A POST OFFICE 1</u>	11423 NW 98 AUZ
	NINGAN BARDENS FL 33018
D. H amending the registered agent and/or registered agent and/or the new register	dered office address in Florida, enter the name of the
	ed onice address:
Name of New Registered Agent	
	m m
	(Florida street address)
New Registered Office Address:	Florida
	(City) Aip Code)
New Registered Agent's Signature, if changing R	
I hereby accept the appointment as registered agent	cegistered Agent: t I am familiar with and accept the obligations of the position.
	, and parameters
Si	gnature of New Registered Agent, if changing
i.	

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 = ChiefExecutive 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 $\ddot{P}_{i}TD$. 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 \underline{PT} John Doe X Remove \underline{V} Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) ____ Change ____ Add ___ Remove 2) Change ____ Add ____ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 51 ____ Change ____ Add ___ Remove 6) ____ Change ____ Add

____ Remove

Attach additional sheets, if necessary).	(Be specific)
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	I. I

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if outer than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	inot meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (Q	HECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
"The number of votes east for the an	
by	
O	coting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the	
action was not required.	
<i>></i>	10/22/17
Dated	
Signature X	
(By a director, pr	esident or other officer - if directors or officers have not been
selected, by an ir appointed fiduci:	ry by that fiduciary)
A	GUSTIN R. REVILERS FIVERON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	II.