P170000 13351

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
`	,	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000335540800

10/16/19--01006--026 **52.50

28/9 CCT 16 PH 3: 52

C COTT.11

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: RKAsh Consulting Associates, Inc. DOCUMENT NUMBER: P/70000 1335/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Althor Lons whing Associates, Inc. Firm/Company 1708 5W18th Street Address Baynton Beach, FL 33426 City/ State and Zip Code **Kash Consulting autlook Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Konda Ash at (954) 654-0447
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

(Name of Corporation	nsulfing associates, inc. 2010 CC 16 PH 3: 5
P1700007335	
	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
Trans of the state	
	(Florida street address)
New Registered Office Address:	(Florida street address)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_S	Christopher M. Ash	1708 SW 18th Street Baynton Beach, Fl 33426
X Add			Boynton Beach, Fl 33426
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 necessa	ry). (Be specific)			
	 		-	
· · · · · · · · · · · · · · · · · · ·				
				
				
·—··		•		
f an amendment provides for an	exchange, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the (if not applicable, indicate N/.	amendment if not con	tained in the amend	lment itself:	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			·	
				·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"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.	
Signature By a director, president or other officer – if directors or officers have not been 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)	
President & CEO (Title of person signing)	
(i me or person againg)	