

•		
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2018 SEP 26 PM 12: 56

C. GOLDEN SEP 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAWKEYE CON	SULTING CORPORATIO	N
DOCUMENT NUMB	P17000082858		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CHRIS ANDERSON		
•		Name of Contact Person	1
	HAWKEYE CONSULTING	CORPORATION	
		Firm/ Company	
	16900 NORTH BAY ROAD	APT 1603	
		Address	
	SUNNY ISLES, FLORIDA :	33261	
		City/ State and Zip Cod	 ೮
SOLT	HERNLAW02@ME.COM		
		sed for future annual report	notification)
	12 man address, to the de	ner (vi ratare amidal rejivit	nomeanon,
For further information	concerning this matter, pleas	se call:	
CHRIS ANDERSON		305 at (9154372
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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

			2018 SEP 26	-
(<u>Name c</u>	of Corporation as currently t	filed with the Florida Dept. of State)	021 20	11112: 56
			SEURETARY TALLAHAS	OF STATE
	(Document Number of C	Corporation (if known)	לאנואיייי	SEE, FL
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The new	,,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporation name	the abbreviation	1
		16900 NORTH BAY ROAD APT. 16	503	
B. Enter new principal office address, (Principal office address MUST BE A S		SUNNY ISLES FLORIDA 33160		
C. Enter new mailing address, if appli	icable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
				
If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the		
new registered agent and/or the ne	CHRIS ANDERSON			
Name of New Registered Agent				
	16900 NORTH BAY ROAD	O APT. 1603		
	(Florida stree	·		
New Registered Office Address:	SUNNY ISLES	Florida	1160	
	(0	City)	(Zip Code)	
N D () N O () T	r e bernand kenne			
New Registered Agent's Signature, if call thereby accept the appointment as registed.		th and accept the obligations of the pos	sition.	
	1			
(1)	Den's A	1001		
	Simulation (Variation	wind and beautiful and and and and		
	Signature of New Reg	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ERINN THOMPSON GRIGGS	16900 NORTH BAY ROAD
Add			APT. 1603
X Remove			SUNNY ISLES. FLORIDA 33160
2) X Change	P	CHRIS ANDERSON	16900 NORTH BAY ROAD
Add			APT. 1603
Remove			SUNNY ISLES, FLORIDA 33160
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			······································
Remove			
6) Change			
Add			
Ramove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
IVA

•	9/01/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed. 9/0	1/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
Dated 9/21 Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) CHRIS ANDERSON	<u> </u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	