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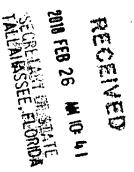
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SECRETARY OF STATE

FEB 2 6 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Sections Division of Corporations	
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NAME OF CORPORATION: MURICIA Consulting Solutions, In	ገ
DOCUMENT NUMBER: <u>P17000084034</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jacourline Conspendent 1563 Copital Circle SE.	
Address	
Tallahassee Hund 32301 City/ State and Zip Code	
Sackiecargenten 18 A anail. Com E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Harila C III	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P170000001311	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	lo
A. If amending name, enter the new name of the corporation:	
The way	
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Timelpul Office unuress MOST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. THE ASSET A	
Signature of New Registered Agent, if changing	

If aimending 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> </u>	Mike Jones		
			,	
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	. <u>Name</u>		Address
l) Change	1	<u>Cecil</u>	Carpenter	15203 Capital Circle SK
Add Remove				Tallahossee, 4.
2)Change	VP	Camera	on Conpenter	
Add Remove	< .	N	10	Tallahassee, 74.
3) Change	Sec	L. <u>Jevoni</u>	Carpenter	1563 Capital Circle St Tall, H.
Remove				32301
4) Change				
Add				
5) Change		- ,	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
6) Change				
Add				
Remove				

	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)	ttaen aaattional sh	ling additional Articl neets, if necessary).	(Be specific)					
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,		rovisions for imp	elementing the amen	dinent if not con	tained in th	e amendmen	t itself:		
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(if not applicable, indicate N/A)									
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			:						

The date of each amendment(s) adoption:	5 26,	3013	, if other than the
Effective date if applicable:			
	re than 90 days after o	mendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's i		y filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval		otes cast for the amend	lment(s)
The amendment(s) was/were approved by the shareh must be separately provided for each voting group e			
"The number of votes cast for the amendment(s) was/were sufficient f	or approval	·
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting grou	(p)		
☐ The amendment(s) was/were adopted by the board o action was not required.	directors without shar	eholder action and sha	reholder .
The amendment(s) was/were adopted by the incorpo action was not required.	ators without sharehol	der action and shareho	lder
Dated 166 26 20/	8		
Signature Jacquelane	L. Casa	enter	·
(By a director, president or selected by an incorporato			
appointed fiduciary by that		receiver, musice, or on	
Jacou	Pline L.C	Carpent	2N
(Typed	or printed name of pers	on signing)	
	Deectur		· · · · · · · · · · · · · · · · · · ·
	(Title of person sig	ning)	