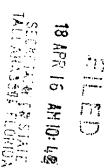


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R. WHITE APR 1 8 2018

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SFDC SIXTHFIN	IER DESIGN CONSULTA	NTS INC				
DOCUMENT NUMBER: P17000101218						
The enclosed Articles of Amendment and fee are s	ubmitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
CHRISTOPHER MICHAE	LS					
**************************************	Name of Contact Person	n				
SIXTHFINGER DEISGN CONSULTANTS						
<del></del>	Firm/ Company					
• •						
2203 SOUTH CTT RESS B	2205 SOUTH CYPRESS BEND DRIVE # 901					
	Address					
POMPANO BEACH						
	City/ State and Zip Cod	e				
CHRISTOPHER@SIXTHFINGE	RDESIGN.COM					
E-mail address: (to be u	sed for future annual report	notification)				
	·					
For further information concerning this matter, plea	ase call:					
CHRISTOPHER MICHAELS	at (	de & Daytime Telephone Number				
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 & 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)				
Mailing Address	Street	Address				
Amendment Section		lment Section				
Division of Corporations	Division of Corporations					
P.O. Box 6327 Taltahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation 18 APR 16 AM 10: 42

FILED

SFDC SIXTHFINER DESIGN CONSULTANTS INC	SECHETA中央基金IAIE
(Name of Corporation a	s currently filed with the Florida Dept. of State
SFDC SIXTHFINER DESIGN CONSULTANTS INC	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
SFDC SIXTHFINGER DESIGN CONSULTANTS INC	The new
	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 ADDRE</u> )	<u>22</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officers.	
new registered agent and/or the new registered offic	E AUUI CSS:
Name of New Registered Agent	
<del></del>	(Florida street address)
·	a normal divices remain copy
New Registered Office Address:	, Florida
New Registered Office Address:	(Florida street address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	e 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	<u>PT</u>	John Doc	ž			
X Remove	¥	Mike Jon	<u>es</u>			
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>	;	<u>Name</u>		<u>Addres</u> s	
1)Change		<del></del>		 <del></del> .		 
Add						
Remove	•					 
2) Change		_		<del></del> .		 _
Add						 _
Remove						 
3)Change		_	<del></del>	 	<del></del>	 
Add						 
Remove						 
4) Change				 		 _
Add						 
Remove						
5) Change				 	**************************************	
Add						 
Remove						
6) Change						
				 	***	
Add						 
Remove						

	sheets, if neces	ssary). (Be specif	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
-	
Effective date if applicable:	(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	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	75
6	voting group)
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder
04/13/2018 Dated	
Signature	1/1/ m
(By <del>a director, pr</del>	esident or other officer — if directors or officers have not been acorporator — if in the hands of a receiver, trustee, or other court
	ary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
····	Ouner
	(Title of person signing)