Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000149633 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : API PROCESSING - LICENSING (TAMAP OFFICE)

Account Number : 120150000120 --Phone Fax Number

: (954)233-0222: : (813)973-4320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GREAT RIVER CONSULTING INC.

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

200

Help

MAY 1 5 2018

## COVER LETTER

4

TO: Amendment Section
Division of Corporations

	ODEAT DE	VED CONOUR TING INC	
NAME OF CORPOR	ATION: GREAT RI	VER CONSULTING INC.	
DOCUMENT NUMB	ER: <u>P18000019</u>	9712	
The enclosed Articles of	of Amendment and see are s	·	
Please return all corresp	pondence concerning this ma	atter to the following:	
	A	NGELA BRAGG	
•		Name of Contact Person	
	API PR	OCESSING-LICENSING, INC.	
-		Firm/ Company	
	3410	GALT OCEAN DR. STE A	
\ <u>-</u>		Address	
	FT L	AUDERDALE, FL 33308	
		City/ State and Zip Code	
<del></del>	E-mail address: (to be u	elicenseinfo@gmail.com used for future annual report potification)	
	7 V V		
For further information	concerning this matter, plea	ise call:	
	β , γ		
ANGEL	A BRAGG	at ( . 954 ) 233-0222	
	f Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Department of State:	
☑ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Cliffon Building	
T.O. DUX 0327		Control of the contro	

Tallahassee, FL 32314

2661 Stecutive Center Circle Tallahassee, FL 32301

8139734326



Articles of Amendment Articles of Incorporation of

(Name of Corporation	IVER CONSULTING INC.	a Dept. of State)
P186	000019712	
(Docun	ent Number of Corporation (if known)	)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Floride Profit Corpora	tion adopts the following amendment(s
. If amending name, enter the new name of the co	orporation:	
	<del></del>	The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp., ord "chartered," "professional association." or the	" "Inc," or "Co". A professional c	ncorporated" or the abbreviation
. Enter new principal office address, if applicable		
rincipal office address <u>MUST BE A STREET ADL</u>	ORESS )	
	<del></del>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	tout Assemble	
(maining dum ess mess begins out the second	## ### ### ###########################	
		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter t office address:	he name of the
Name of New Registered Agent	A 3	
	4 / E	
	(Florida street address)	
Nov Baristand Office Address	ŕ	. Florida
New Registered Office Address:	(City)	(Zip Code)
•		
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		actions of the notition
tereby accept the appointment as registered agent,	1 un jumuu win ara accept me ooti	guinois of the position.
Sign	ature of New Registered Agent, if char	iging
	e e e e e	
•		

Page 1 of 4

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:

ij

(Astach 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.

X Change	PT	John Doc		
X Remove	<u>v</u>	Mike Jones	c.	
X Add	<u>sv</u>	Sally Smith	4.5 A	
Type of Action (Check One)	Title	<u>Name</u>	Đ,	<u>Addres</u> s
1)Change	_ P	LAURA MILLER	<del>,                                     </del>	4623 WAVERLY LANE
Add				JACKSONVILLE, FL 32210
X Remove				
2) Change	_v_	ANNE MILLER	: <del></del>	4623 WAVERLY LANE
Add				JACKSONVILLE, FL 32210
X Remove				
3)Change	<u> P</u>	KATHRYN MILLER	<del></del>	4623 WAVERLY LANE
X_Add				JACKSONVILLE FL 32210
Remove				
4) Change				
Add			. `	
Remove			•	
5) Change				
Add				
Remove				
6) Change				
Add		•		
Remove				

If amending or adding addition Attach additional sheets, if neces.	al Articles, enter ch sary). (Be specific	ange(s) here:			
HANGE IN OFFICERS					
			_		
	•				
	_			<u> </u>	
<del></del>	······································				
			·		
	——————————————————————————————————————				
	<del></del>		······		
			· •//•	·	
				<u> </u>	
					·
I an amendment provides for a provisions for implementing th (if not applicable, indicate N	<u>ie amendment if not</u>	ification, or cancel contained in the s	llation of issued mendment itse	shares. lf:	
		.,			
			<del></del>		·

The date of each amendment(s) adoption:date this document was signed.	05/09/2018	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing n f State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		for the amendment(s)
The amendment(s) was/were approved by the must he separately provided for each voting		
"The number of votes cast for the arre	endment(s) was/were sufficient for approv	al
by	oting group)	
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action	and shareholder
Dated	18 M 100	
Signature (A)	sident or other officer – if directors or off	ivers have not been
selected, by an inc	corporator — if in the hands of a receiver, t by that fiduciary)	
	LAURA MILLER	
<del></del>	(Typed or printed name of person signing	3)
	DOESINENT	
- <del></del> -	PRESIDENT (Title of person signing)	
	e ensual de la participa	
	r rissatt i nua spic	
	***	
	<b>\</b>	
	%÷.	

Page 4 of 4