Division of Corporations Electronic Filing Cover Sheet

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(((H18000083457 3)))



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MAR 16 2018

I ALBRITTON

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CITTADINO CONSULTING INC

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ਜ਼ਿਲ੍ਹੇ, From 7188897420 1.718.889.7420 Thu Mar 15 08:45:15 2018 MDT Page 2 of 6 ອ່ວບ-ວ່າ - ວ່າ ສາມາຄົນ ອ່າຂອງ ອ່າ ຂອງ ອ່າ ຂ



March 15, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CITTADINO CONSULTING INC 8195 RAVENNA LAKES DR BOYNTON BEACH, FL 33473

SUBJECT: CITTADINO CONSULTING INC

REF: P18000023560

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number for the corporation is as referenced above, please add document number in the space provided on the form.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H18000083457 Letter Number: 018A00005227

18 MAR 15 PH 12: 02
SECRETARY OF STATE

## Articles of Amendment to Articles of Incorporation of

CITTADINO CONSULTING INC	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P18000023560	
(Досит	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	70
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BO	<u> </u>
	<u> </u>
	The co
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address;
None of New Paristared Agent	
Name of New Registered Agent	
**************************************	(Florida street address)
100 44	
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	sistered Agent:
i nereoy accept the appointment as registered agent.	I am familiar with and accept the obligations of the position
Sign	nature 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

## Example: X Change John Doe <u>PT</u> X Remove <u>v</u> Mike Jones X Add SV Sally Smith Address Type of Action Title Name (Check One) Jaime Cittadino - CMO 8195 Ravenna Lakes Dr. CMO 1) \_\_\_\_ Change Boynton Beach Fl 33473 \_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_ Add Remove 3) \_\_\_\_ Change \_\_ Add \_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_ Add \_\_ Remove

,	cles, enter change(s) here: (Be specific)
······································	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 d	days after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ele statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	th voting groups. The following statement te separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The amendment(s) was/were adopted by the board of directors with action was not required.	thout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	t shareholder action and shareholder
March 14, 2018 Dated	
Signature Cy Https:	<del></del>
(By a director, president or other officer- selected, by an incorporator — if in the ha appointed fiduciary by that fiduciary)	
Casey Cittadino	
(Typed or printed nan	ne of person signing)
Incorporator	
(Title of p	erson signing)