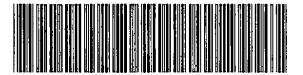
P18000029186

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
· , , , , , , , , , , , , , , , , , , ,				
PICK-UP WAIT MAIL				
(Dusiness Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Opecial institutions to 1 ming officer.				
<u> </u>				

Office Use Only



100311376551

100311376551 04/02/18-01041--025 **35.00

APR 0 4 2018 C McNAIR

COVER LETTER

Division of Corporations NAME OF CORPORATION: $\underline{\underline{\underline{Cindylogy\ Corp}}}$ DOCUMENT NUMBER: P18000029186 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cesar Shlain Name of Contact Person consulting & Service solution corp Firm/ Company 2020 NE 163 ST 300D Address Miami, Fl. 33162 City/ State and Zip Code info@esstax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Cesar Shlain at (754) 227-4895

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

TO: Amendment Section

□\$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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Cindylogy Corp (Name of Corporation as currently filed with the Florida Dept. of State) P18000029186 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: Cindyoligy Corp name 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." B. Enter new principal office address, if applicable: (Principal office address MUST 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: _, Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature 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	PT	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

	adding additional Articles, enter change(s) here: out sheets, if necessary). (Be specific)
	
<u> </u>	
	
	
	· · · · · · · · · · · · · · · · · · ·
. <u>-</u>	
f an amendmi	ent provides for an exchange, reclassification, or cancellation of issued shares,
(if not an	implementing the amendment if not contained in the amendment itself: olicable, indicate N/A)
(0	
	
	
·	

The date of each amendment(03/2//2018 s) adoption:	, if other than the
date this document was signed.		, , , , , , , , , , , , , , , , ,
	03/21/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this ce Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	:(s)
	approved by the shareholders through voting groups. The following statend for each voting group entitled to vote separately on the amendment(s):	nent _.
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	3/29/2018	
(B	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other copointed fiduciary by that fiduciary)	
	Cesar Shlain, Consulting & Service Solution Corp	
	(Typed or printed name of person signing)	
	Registered Agent	
	(Title of person signing)	