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Amend

NOV 07 2018

I ALBRITTON

COVER LETTER

1.

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BEACON TECHN	OLOGY SOLUTIONS IN	C
DOCUMENT NUMBE	P18000060690		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
N	IARK HUTTO		
_		Name of Contact Person	1
_		Firm/ Company	
4	730 PRINCE EDWARD RI	D.	
_		Address	
J.	ACKSONVILLE, FL 32210)	
_	· <u> </u>	City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
MARK HUTTO	, and the state of pro-		305-1138
Name of	Contact Person	a(Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
\$35 Filing Fee	□\$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BEACON TECHNOLOGY SOLUTIONS INC.

(Name of Corporati	as currently filed with the Florida Dept. of State)
P18000060690	
(Docum	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	<u>xoration:</u>
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observiation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	ESS)
	72 72 72 72 72 72 72 72 72 72 72 72 72 7
C. Enter new mailing address, if applicable:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Mailing address MAY BE A POST OFFICE BO	
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	am familiar with and accept the obligations of the position.
Sign	ure 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 Do	Q ¢	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1)Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				<u> </u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
MEND ARTICLE IV: THE NUMBER OF SHARES THE CORPORATION IS	AUTHORIZED TO ISSUE IS: 5,000
	· · · · · · · · · · · · · · · · · · ·
	et askuma
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen	n or issued snares. dment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
	proved by the shareholders through voting groups. The following staten 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ier
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 10	130/18	
Signature	Wale and to	
(By a d	irector, president or other officer - if directors or officers have not beer	
	d, by an incorporator — if in the hands of a receiver, trustee, or other cou ted fiduciary by that fiduciary)	πt
арропа	icu nduciary by mai nduciary)	
	MARK HUTTO	
	(Typed or printed name of person signing)	
	INCORPORATOR	

(Title of person signing)