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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MAIN CONSULTING CORP
DOCUMENT NUMBER: P18000078543
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RODRIGUE-RUIZ, MIGUEL
Name of Contact Person
MAIN CONSULTING CORP
Firm/ Company
8073 W 36TH AVE, APT 2
Address
HIALEAH, FL 33018
City/ State and Zip Code
MAINCONSULTINGC@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RODRIGUEZ-RUIZ, MIGUEL 954 225-3667
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:
\$35 Filing Fee S43.75 Filing Fee See Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee See Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ı	MA	IN	CO	IDM	I TI	NG	COR	Þ
ч				17.71/	121		1.1.11	

(Name	of Corporation as curren	tly filed with the Florida De	ept. of State)
P18000078543			
	(Document Number	of Corporation (if known)	. , , , , , , , , , , , , , , , , , , ,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
			TI
name must be distinguishable and contai	n the word "corporation,"	"company," or "incorporated	The new
'Inc.," or Co.," or the designation " chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	name must contain the word
Enter new principal office address.			
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		2.0
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Enter new mailing address, if appl	icahle:		•
(Mailing address MAY BE A POST			·
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. If amending the registered agent ar	dlar maintand office add		<b>6.10</b>
new registered agent and/or the ne	w registered office addres	s:	ame of the
Name of New Registered Agent	ADRIANA MASSOT	<b>-</b>	
Name of New Registered Agent	7477 NW 167TH ST	-	
	(Florida st	reet address)	
New Registered Office Address:	HIALEAH		33015
New Registerea Office Address:		(City)	, Florida
			•
ew Registered Agent's Signature, if c	hanging Registered Agent	<u>ı:</u>	
nereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligatio	ns of the position.
	/	7/1	
	$\sqrt{a}$	/	
•	Simulation		
	Signature of New K	egistered Agent, if changing	
heck if applicable			

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT Joi	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	SILVA, IAN	10000 NW 80TH CT, APT 2120
Add			HIALEAH GARDENS, FL 33016
Remove			
2) X Change	D	RODRIGUEZ-RUIZ, MIGUEL	8073 W 36TH AVE, APT 2
Add			HIALEAH, FL 33018
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	if necessary).	(Be specific)	nge(s) here:		
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an amendment provi	les for an excl	hange, reclassifi	cation, or cancella	tion of issued shar	es,
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an amendment provide provisions for implement (if not applicable, in	enting the ame	hange, reclassifi endment if not c	ication, or cancella ontained in the am	tion of issued shar endment itself:	es,
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The date of each amendment(s) ad date this document was signed.	pption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
* *	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	r the amendment(s) was/were sufficient for approval
by	(voting group)
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	I fiduciary by that fiduciary)
<b>:</b> -	ILVA, IAN
	(Typed or printed name of person signing)
1	

(Title of person signing)