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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	ONSULTING INC				
DOCUMENT NUMBER: P1900	0NSULTING INC				
The enclosed Articles of Amendment and fee are st	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
RAFA	PEZ F. SANCHEZ				
	Name of Contact Person				
<u> </u>	Firm/ Company				
4260	SW 12 ST  Address  M1 FL 33134  City/ State and Zip Code				
	Address				
MIA	MI FL 33/34				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
RAFAEZ SANCHEZ	- at 786, 294-4796				
RAFAEZ SANCHEZat ( 786 ) 294-4796Name of Contact PersonArea 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 & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address  Amendment Section	Street Address Amendment Section				
Division of Corporations	Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

MH CONSULTIN	1G /K	ے ا	<u> </u>	4
(Name of Corporation	on as currently	filed with the Flori	ida Dept. of State)	A+1 10: 45
(Docun	nent Number of	Corporation (if knov	vn)	
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this F	lorida Profit Corpo	ration adopts the foll	lowing amendment(s)
. If amending name, enter the new name of the co				
MH & ME C ame must be distinguishable and contain the wor	ORP.			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 "C	lo". A professional		
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>11</b> /1			
(mailing dauress MAT BE A POST OFFICE BO	<u> </u>	-		
If amending the registered agent and/or register new registered agent and/or the new registered		ess in Florida, enter	the name of the	
Name of New Registered Agent		<del></del>		
·				
	(Florida stret	ct address)		
New Registered Office Address:			Florida	
	(0	City)		(Zip Code)
iew Registered Agent's Signature, if changing Reg	rictored Agents			
hereby accept the appointment as registered agent.		ith and accept the of	oligations of the posi	tion.
	•	-		
<u> </u>	www.naC.V	vaistered Agent if ch		<del></del>
Non	andre al ivew ke	VIMPTPO AGPNI II CH	UDS/1767	

## 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		 
Add				
Remove				
2) Change		_		 
Add				
Remove				
3) Change		_		 
Add				
Remove				
4) Change				
Add			T-121	
Remove				
5) Change		_		 
Add				
Remove				
6) Change		_		 
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:

The date of each amendment(s) adoption date this document was signed.	on:9-16-19	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file do	ite)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the a nt for approval.	mendment(s)
	by the shareholders through voting groups. The follow voting group entitled to vote separately on the amenda	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
_	by the board of directors without shareholder action and	I shareholder
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and sha	reholder
Dated9_	16-19	
Signature Z	16-19 lack Sauch	
(By a dire <b>¢</b> 6r selected, by a	r. president or other officer – if directors or officers haven incorporator – if in the hands of a receiver, trustee, outliery by that fiduciary)	
	RAFAEL SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
· <del>************************************</del>	(Title of person signing)	