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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MCG CONSULTE	NG GROUP INC	
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ANTONIO ESCALANTE		
		Name of Contact Persor	1
	NCG CONSULTING GROU	IP INC	
		Firm/ Company	
	440 NE 194TH TER	• •	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	·····
	MIAMI, FL 33179		
		City/ State and Zip Code	2
	accusourcecorp@hotmail.cor	າາ	
	· =	sed for future annual report	notification)
For further information	n concerning this matter, please	se call:at (303-8915
Name of Contact Person		at (Area Coo)de & Daytime Telephone Number
	r 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NCG CONSULTING GROUP INC.

(Name of Corporation as	currently filed with the Florida	Dept. of State)	
NCG CONSULTING GROUP INC			
(Document 8	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statilts Articles of Incorporation:	utes, this <i>Florida Profit Corporal</i>	ion adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corpor	ration:		
			The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	"Co". A professional corporat		tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2020
		 	On The second
D. If amending the registered agent and/or registered or new registered agent and/or the new registered office	ffice address in Florida, enter the	ne name of the	Fit 2: 23
Name of New Registered Agent			ω _
	Florida street address)		
New Registered Office Address:		Elovido	
<u> меж кедіметей Одное Аййтемі.</u>	(City)	, Florida (Zij	Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the oblig	gations of the position	-
			_
Signature	of New Registered Agent, if chan	ging	
Check if applicable			

☐ 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	NICOLAS CUELLO	440 NE 194TH TER
Add			MIAMI, FL 33179
Remove 2) Change	p	ANTONIO ESCALANTE	440 NE 194TH TER
X Add			MIAMI, FL 33179
Remove 3 1 Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change	_		
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NA1)	Attach additio	or <mark>adding additional Ar</mark> onal sheets, if necessary)	. (Be specific)	<u> </u>		
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	(if not a)	oplicable, indicate N/A)		<u> </u>		
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	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	ient(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	020	
(By	a director, president or other officer – if directors or officers have not be betted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ANTONIO ESCALANTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	