P200000044230

(Red	questor's Name)			
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(City	y/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MSB Tech Consul	ting Inc.	····			
DOCUMENT NUM	BER: P20000044230					
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	Michael Becker					
	•	Name of Contact Person				
	MSB Tech Consuling Inc.					
		Firm/ Company	 			
	202 Lucerne Ave. Apt. 2					
		Address	-			
	Lake Worth, FL 33460					
		City/ State and Zip Code				
	mswja48@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	850	5734755			
Name	of Contact Person	at (Area Coo	le & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MSB Tech Consulting Inc.

(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)	
P20000044230			
(Document Numb	ber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpor	ration adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corpor	orated" or the abbrevial cation name must conta	ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	 		
		···	<u> </u>
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Ů,
(Maning address MAT BE A TOST OF TREE BOX)		·	-nj
			·. 0
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent			_
	·		
(Florid	da street address)		
New Registered Office Address:		, Florida	
	(City)	(Zi _l	Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: iliar with and accept the ob	oligations of the position	
Signature of N	lew Registered Agent, if cho	anging	_
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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	Michael Becker	202 Lucerne Ave. Apt. 2
X Add				Lake Worth, FL 33460
Remove				•
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	· · · ·	
Add				
Remove				
6) Change		_		
Add				
Remove				

	heets, if necessary). (I	Be specific)	;	
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				·
f an amendment	provides for an exchang	ge, reclassification, or	cancellation of issued	shares.
tif not applied	plementing the amends ble, indicate N/A)	ment is not contained i	n the amenament itse	<u> </u>
(i) noi applica	ore, marcure 1991,			
				
<u>-</u>				
· · · · · · · · · · · · · · · · · · ·				
		•		

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, to Department of State's records.	his 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 shareholde	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s)	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	Michael S. Becker	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	