## P00 000009633

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SIGNA	TURELIN	ANGINC		
DOCUMENT NUMBER: P000000096	33			
The enclosed Articles of Amendment an	d fee are si	ibmitted for filing.		
Diease return all correspondence concern	 jing this ma	atter to the following:		
CARLA ANDRE	ws			
CICALATURE I		Name of Contact Person	on	-
SIGNATURE LIV	VING INC			_
		Firm/ Company		
14541 62ND COU	JRT NORT	fH 		<del>.</del>
		Address		
LOXAHATCHEE	, FL 3347	0		_
		City/ State and Zip Co	de	
CARLA.ANDRE	WS@ME.0	COM		
E-mail addre	ss: (to be u	sed for future annual repo	rt notification)	
For further information concerning this r LEON P WILDE CPA	natier, plea		220-7658	ŗ.
Name of Contact Person		Area C	) 220-7658 Tode & Daytime Telephone Number	er j
inclosed is a check for the following am	ount made			er 0.1.
■ \$35 Filing Fee □\$43.75 Fili Certificate	_	☐\$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 Corporatio P.O. Box 6327 Tallahassee, FL 32314		Amer Divis The C	t Address Indiment Section It ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Inhassee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

SIGNATURE LIVING INC

( <u>Name</u>	of Corporation as currently filed with the Florida Dept. of State)
P0000009633	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 60° its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(
A. If amending name, enter the new	name of the corporation:
ALY SOLUTIONS INC	The new
name must be distinguishable and conta "Inc.," or Co.," or the designation "chartered," "professional association,	in the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Corp," "Inc," or "Co". A professional corporation name must contain the word
B. Enter new principal office address	st if applicable:
(Principal office address MUST BE A.	STREET ADDRESS )
C. Enter new mailing address, if app (Mailing address MAY BE A POST)  D. If amending the registered agent a new registered agent and/or the no	ew registered office address in Florida, enter the name of the
	. (7)
	(Florida street address)
	- 7
New Registered Office Address	
	(City) (Zip Code)
New Registered Agent's Signature, if	changing Registered Agent:
I hereby accept the appointment as regi	stered agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	The same of the statement of the same of t
Check if applicable  [] The amendment(s) is tree being filed.	Dursuph to c. 607 (120 (11) to). E.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	<u>PT</u>	<u>John</u>	Doe	
X Remove	<u>V</u>	Mike	Jones	
X Add	<u>sv</u>	Sally	Smith	
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		i		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove		ļ		
6) Change		_		
Add				
Remove				

<mark>f amending or adding additional .</mark> Attach <i>additional sheets, if necessar</i>	v). (Be specific)
The state of the s	
<del></del>	
lf an amendment provides for an a	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A	
	hr.
-1	

The date of each amendment(s) adoption date this document was signed.	otion:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will not be listed as the truent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	by the shareholders. The number of votes east for the amendment(s)
	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	."
	(voting group)
SEPTEMBER	20. 2022
Dated	
Signature Y (By a direction)	etgr, president or other officer - if directors or officers have not been
selected, l	by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
C	ARLA ANDREWS
	(Typed or printed name of person signing)
PF	RESIDENT
_	(Title of person signing)