## P10000088421

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Amend

TALLAHASSEE FLORIDATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SMART RIS ER: P1000008842	SK SOLUTIONS 1	INC
	f Amendment and fee are sub		
Please return all corresp	ondence concerning this mat	ter to the following:	
	JOEL D. LEDEZN	ΛA	
gan	**************************************	Name of Contact Person	
	SMART RISK SC	LUTIONS INC	
-		Firm/ Company	
	5491 N UNIVERS	SITY DR STE 20	4
**		Address	
_	CORAL SPRING	S FL 33067	
		City/ State and Zip Code	•
zuila	am@hotmail.com		
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JOEL D. LED	EZMA	at (954	, 709-9204
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SWART RISK SOLUTIONS INC.	Florida Dept. of State)
(Name of Corporation as currently filed with the	Florida Dept. of State) SECRETARY
P10000088421	SECRETARY OF STATE TALL AHASSEE FLORIDA
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	JENNY Z. HERNANDEZ
(Principal office address MUST BE A STREET ADDRESS)	5539 NW 125TH TERRACE
	CORAL SPRINGS FL.33067
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5491 N University Dr. #204
	Coral Springs, FL. 33067
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
(Cit)	
New Registered Agent's Signature, if changing Registered Agen	ıf•
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New Registered	Agent, if changing

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	PT John	ı <u>Doe</u>	
X Remove	V Mike	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change X Add Remove	Vice Pre	Jenny Z. Hernandez	5539 NW 125TH TERRACE CORAL SPRINGS FL 33067
2) Change Add Remove	***************************************		
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, oxisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)
ovisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	ovisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate $N/A$ )	
	7,3	
	··· <del>-</del>	

The date of each amendment	t(s) adoption: U1/U1/ZU1Z
Effective date if applicable:	01/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 01/0	03/2012
Signature	Margueg
(B se	by a director, resident or other officer – if directors or officers have not been elected, by a incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	JOEL D. LEDEZMA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)