PI5000029002

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Mame Chrs (10, 4.13.15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL DEVELOP SOLUTIONS (A	(25)			
DOCUMENT NUMBER: P15000029002				
The enclosed Articles of Amendment and fee are submitted for filing				
Please return all correspondence concerning this matter to the following:				
Victor M. Teixeira Ferreira				
Name of Contact Person				
All Develop Solutions (ADS) Inc				
811 Renaissance Pointe # 302				
Altamonte Spgs Fl 32714 City/ State and Zip Code				
City/State and Zip Code				
dr. teixeira 01 Ogmail com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Victor Teixeira at	-991			
Name of Contact Person Area Code & Daytime Teleph	ione Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	atus			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FI. 32301	le			

Articles of Amendment Articles of Incorporation of

ALL	DEVELOP	SOLUTIONS	(ADS)	INC	
(]	Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)	_
	P150000	29002			
	(Document N	umber of Corporation (if k	nown)	,	_
Pursuant to the particles of Inc	provisions of section 607,100 corporation:	6, Florida Statutes, this <i>Flo</i>	orida Profit Corpor	ration adopts the followi	ng amendment(s) to
A. If amending	name, enter the new name	of the corporation:			
DEV	ELOPING .	AIL SOLUT	TIDNS (DAS) INC	The second
name must be c	distinguishable and contain " or Co.," or the designation "," "professional association	the word "corporation," in "Corp," "Inc," or "Co	"company," or ' ". A professional	'incorporated" or the a	abbreviation
	rincipal office address, if a address <u>MUST BE A STRE</u>		N/A		_
	nailing address, if applicab Iress <u>MAY BE A POST OF</u> I		NIA.		- -
new register	the registered agent and/or ed agent and/or the new re New Registered Agent		in Florida, enter	the name of the	OWISION OF CORNORS
		(Florida street	address)		7.
New Re	gistered Office Address:	· ·	•	Florida(Zip Code)	- 03 °
		(С 15)	•	(Zip Code)	
	Agent's Signature, if change the appointment as registered	agent. I am familiar with	and accept the obl	igations of the position.	
		NIA			
	Signat	ure of New Registered Agei	nt, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		NIA	
Add			
Remove			
2) Change		NIA	
Add			
Remove			
3) Change		NIA	
Add			
Remove			·
4) Change		NIA	
Add			
Remove			
5) Change		NIA	
Add			
Remove		:	.
6) Change		NIA	
Add			
Remove			

dadinonal oneolo, ij neebbar jj.	(Be specific)
NIA	
·	
_	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(1) not apprount, intitute (1/71)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: A.S.A.P.	
Effective date if applicable: A · S . A · P . (no more than 90 days after amendment file date)	
•	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	•
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/07/2013	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VICTOR MANUEL TETXETRA FERRETRA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	