

P07000089164

Able Solutions inc.
— 5045 Sundridge Palms Dr. —
Tampa FL 33617
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

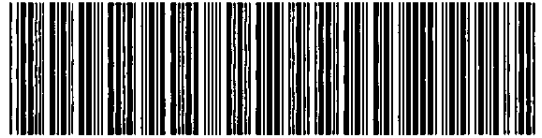
(Document Number)

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12/10/09--01022--026 **52.50

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09 DEC 24 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
XCVS
XCV
12/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Able Solutions inc.

DOCUMENT NUMBER: P070000 89164

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jody C. Lambert
Name of Contact Person

Able Solutions inc.
Firm/ Company

5045 Sunridge Palms Dr.
Address

Tampa FL 33617
City/ State and Zip Code

Jody C Lambert@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Dematt at (727) 641 9829
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

ABLE SOLUTIONS INC
5045 SUNRIDGE PALMS DR
TAMPA, FL 33617

SUBJECT: ABLE SOLUTIONS INC.
Ref. Number: P07000089164

We have received your document for ABLE SOLUTIONS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

The first page of the Articles of Amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 709A00037840

Articles of Amendment
to
Articles of Incorporation
of

Able Solutions inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO7000089164

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 24 AM 9:15

FILED

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street address)

_____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------|--|
| Sec | Heather Lambert | 5045 Sunridge palms Dr. | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| Sec | Roger Ripel | 5045 Sunridge palms Dr. | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If 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 N/A)

The date of each amendment(s) adoption: Dec 1 2009
(date of adoption is required)
Effective date if applicable: Dec 1 2009
(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)

☒ 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 Dec 1 2009

Signature

Jody C. Lambert
(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)

Jody C. Lambert
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| TRES | Heather E Lambert | 5045 Sunridge Palms Drive Tampa FL | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| TRES | Roger Rippel | 5909 grandeville Dr. Tampa FL 33617 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If 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 N/A)
