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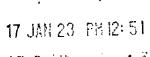
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JOSE G. ALMEIDA RODRIGUEZ				
	P1600009606			
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.		
Please return all correspondence	e concerning this mat	ter to the following:		
FABIAN	JA M. BARRIOS MO	ONTERO		
		Name of Contact Person	1	
PBC SO	LUTIONS CORP			
		Firm/ Company		
4770 LU	QUI CT			
		Address		
WEST P	ALM BEACH, FL 3	3415		
•		City/ State and Zip Code	3	
	ail address: (to be us	ed for future annual report	notification)	
D-111	an address. (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
FABIANA M. BARRIOS MONTERO				
Name of Contact Person Area Code & Daytime Telephone Number			de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	43.75 Filing Fee & ertificate 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 Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to

Articles of Incorporation of



PBC SOLUTIONS CORP

(Name of	Corporation as current	ly filed with the Florida Dept. of State)		
P16000099606				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ne of the corporation:			
N/A		The new		
	tton "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4770 LUQUI CT		
		WEST PALM BEACH, FL 33415		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4770 LUQUI CT		
		WEST PALMB EACH, FL 33415		
D. If amending the registered agent and new registered agent and/or the new				
Name of New Registered Agent	JOSE ALMEIDA RODR	IGUEZ		
	4770 LUQUI COURT			
	(Florida s	reet address)		
New Registered Office Address:	WEST PALM BEACH	33415 Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		t: with and accept the obligations of the position.		
x Fal	also laves	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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change				,	
Add		_			
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add		_			
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

N/A	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)	N/A
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	provisions for implementing the amendment if not contained in the amendment itself:
	N/A

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	01/01/2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	." (voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
01/03	/2017	
Dated	Tahou Banes	
(E	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other co properties of the fiduciary)	n ourt
	FABIANA M. BARRIOS-MONTERO	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	******