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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

1.1

NAME OF CORPORATION: Multimedia Solution	ns, Inc.	
DOCUMENT NUMBER: P00000063560		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Bernadette T. Schonrock		
	Name of Contact Person	
Multimedia Solutions, Inc.		
	Firm/ Company	
4451 Yacht Harbor Drive		
	Address	
Naples FL 34112		
	City/ State and Zip Code	
bkuttel@multimedia-fl.com		
ū	ed for future annual report	notification)
		,
For further information concerning this matter, please	e call:	
Bernadette T. Schonrock	. 239) 7741751
Name of Contact Person	at ()	
Enclosed is a check for the following amount made p	payable to the Florida Depar	rtment of State:
\$35 Filing Fee Certificate 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	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Multimedia Solutions, Inc.				
(Name (of Corporation as current	ly filed with the Florida Dept.	. of State)	
P00000063560				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendr	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The ne	ew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora	rated" or the abbreviation	on
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S			Specifical Control of the Control of	23
			7	-
				-
C. Enter new mailing address, if appli	icable:	N/A	714	Cì
(Mailing address MAY BE A POST			100	- P K
			51 513 7136	တဲ့
			TIP 1) (
				-
D. If amending the registered agent an new registered agent and/or the new			<u>ie of the</u>	
	Bernadette T. Schonrock			
Name of New Registered Agent	A451 Veebt Header Drive			
	4451 Yacht Harbor Drive			
	Naples	reet address)	34112	
New Registered Office Address:		-	, Florida(Zip Code)	_
		(City)	(Zifi Code)	
New Registered Agent's Signature, if c	hanging Registered Agent	<u>t:</u>		
I hereby accept the appointment as regist	ered agent) am familiof	With and accept the obligations	s of the position.	
	Signature of New 1	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 <math>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	<u>PT</u>	John 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	Р	Thomas Schonrock	4451 Yacht Harbor Drive
Add X Remove			Naples FI 34112
2) X Change	PD	Bernadette T. Schonrock	4451 Yacht Harbor Drive
Add			Naples FL 34112
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

'A	additional sheets, if necessary).	(Be specific)			
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		<u>.</u>			
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				6 to 1 a a la 1 a a a a	
	mendment provides for an excl	iange, reclassificati indment if not cont	on, or cancellation ained in the amend	<u>1 of Issued Snares.</u> Iment itself:	
lf an a	isions for implementing the ame				
provi	isions for implementing the ame if not applicable, indicate N/A)				
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<u>provi</u>	isions for implementing the ame if not applicable, indicate N/A)				
<u>provi</u> (isions for implementing the ame if not applicable, indicate N/A)			···	
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provi	isions for implementing the ame if not applicable, indicate N/A)				

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		II was ba Basad as she
document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date wit of State's records.	ii not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient if	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
July 11, 2016 Dated Signature	w. D.	
(By a director, p	president or other officer – if directors or officers have not been	_
•	incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
Bernado	ette Schonrock	
	(Typed or printed name of person signing)	
Officer		
	(Title of person signing)	