## P0/000115688

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900079131499

08/28/06--01047--026 \*\*35.00

FILED

06 AUG 28 PM 12: 22

STATE AND STATE STAT

gy Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HLL SIA	TE SERVICE SOLUTION, INC.	
DOCUMENT NUMBER: P01000	0115688	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
CAROLINE LI	arson)	
	CEEPING SERVICES, LLC Company)	
	ITY CIRCLE, SUITE 40	
ORLANDO, FLORI (City/ State:	DA 32819 and Zip Code)	
For further information concerning this matter, please call:		
CAROLINE LARSON (Name of Contact Person)	at ( V07 ) 370-3686 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee 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	

## Articles of Amendment to Articles of Incorporation of

ALL SIMIE DERVICE SULUTION, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
<b>P01000115688</b> 計算可
(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:
NEW CORPORATE NAME (if changing):
THEW COMPONENTE (IF CHANGEING)
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
THE NAME OF THE NEW SECRETARY SHALL BE:
5: Diego MAGALHAES
9030 PINE ISLAND ROAD
CLEARMONT, FL 34711
CLERKPIONI   FL 34111
DIENCE 1 - 0 / - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
LEASE LEAVE TRESIDEND AND VICE
PRESIDENT EXACTLY THE WAY IT IS
T RESIDENT E MICHELLINE WITE TO
(Attach additional pages if necessary)
(Attach additional pages it necessary)
If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: AVGUST 23.2006
Effective date if applicable: AUGUST 23.2006  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
JULIEN K. B. SILVA
(Typed or printed name of person signing)
- PRESIDENT
(Title of person signing)

FILING FEE: \$35