P0300004/369

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ac	ddress)	-
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600235044536

05/18/12--01006--003 **35.00

12 MAY 18 PH 1: 20

SECRETARY OF STATES
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>Wasta</u>	COST Solut	CONS. INC
DOCUMENT NUMB	ER: <u> </u>	41369	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Robe	ert Leier	n
		Name of Contact Person	n
	Weste	COST Solution	ہے و
_	7	Firm/ Company	
	131 1/1/ 4	13ND ST	
-		Address	
_	Boco Rato	n, FL 3343	e
	. , , , , ,	City/ State and Zip Cod	е
	E-mail address: (to be us	10 COLTS olu 7 sed for future annual report	tiens, Com notification)
For further information	concerning this matter, pleas	se call:	
Robert	Leier	at (561	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 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)
	ing Address		Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as curren	Solutions	Inc	
_			
Po3oc (Document Numb	00041369	nown)	_
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	•		ng amendment(s) to
A. If amending name, enter the new name of	the corporation:		
1//4	1.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o B. Enter new principal office address, if appli	'Corp," "Inc," or "Co or the abbreviation "P., icable:	". A professional corporation name must	abbreviation contain the
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	(E BOX)	N/A	DIVISION SEL
D. If amending the registered agent and/or re new registered agent and/or the new regist	egistered office addres tered office address:	s in Florida, enter the name of the	FILED FILED STORE TARY OF STORE TARY OF CORPOR VISION OF CORPOR
			7. 2. A.E.
	(Florida street	address)	0 %
New Registered Office Address:	(Citv)	, Florida(Ziv Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:		
Signature	of New Registered Age	ent, 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	<u>PT</u> <u>Johr</u>	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>v Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Sarah Snyder	131 N.W. 43 A 51.
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)
N/A	
<u>*</u>	
	·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/	Á

The date of each amendment(s) adoption: 5-10-2012
Effective date if applicable:
(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
(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)
Michael Mintz
(Typed or printed name of person signing)
President
(Title of person signing)