P0300069008

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COVER LETTER

TO: Amendment Section Division of Corporations SOL TIME INC. NAME OF CORPORATION: _ P03000069008 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MRS. ELOILDA RIVAS Name of Contact Person SOL TIME INC. Firm/ Company 8944 LAKE IRMA PT. Address **ORLANDO** 32817 **FLORIDA** City/ State and Zip Code Sonabuc5@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MRS. ELOILDA RIVAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO HAY -2 RIT 9: 18

Articles of Amendment Articles of Incorporation of

SOL TIME INC.

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

P03000069008

(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	• The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	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 <u>MUST BE A STREET ADDRESS</u>)	<i>N /A</i>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	Iress in Florida, enter the name of the
Name of New Registered Agent	N/A
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New	N/A 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		N/A	
Add			
Remove			
2) Change		N/A	
Add		•	
Remove		. 1	
3) Change			
Add		•	
Remove			
4) Change			
Add		ı	
Remove			
5)Change			· · · · · · · · · · · · · · · · · · ·
Add		·	
Remove			
6)Change			
Add		I	
Remove			

E. If amending or adding addition (Attach additional sheets, if necessibles of stock) Shareholder's percentage of stock	ssary). (Be specific)		
MRS. ELOILDA RIVAS	PRESIDENT	40%	
MR. JOSE A. RIVAS, SR.	VICE- PRESIDENT	40%	
MR. JOSE A. RIVAS, JR.	CEO	20%	
			••
F. If an amendment provides for a provisions for implementing the (if not applicable, indicate)	an exchange, reclassification, or can he amendment if not contained in th N/A)	cellation of issued shares, e amendment itself:	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 4 26 - 76	
Dated 4-26-76 Signature MorNua Mirs	
(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)	
MRS. FLOIL dA Rivas (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	