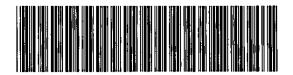
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APR 1 5 2014

C. CARROTHERS

COVER LETTER

Division of Corporations Caribbean Cooling Corp. P040000 76 326 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDWIN A. SOLARES Name of Contact Person Firm/ Company 244 5ATINWOOD C/ Address Vi551 MMCY FC. 34743 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDWIN A. Solares

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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

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

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation

A 11	of
Caribbean Cool	
(Name of Corporation as currently filed	<u> </u>
P 040000	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	ug Solutions INC. The new
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	244 SATINNOOD CT. Kissimmee FL 34743
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Do Box 4000
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zin Code)
	(Lap Com)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Page 1 of 4

14 APR -8 PH 4: 41
SECRETARIAN OF STATE
TALL ARE SSEE FLORIDA

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			'
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
*** **********************************	
· · · · · · · · · · · · · · · · · · ·	
	
n amendment provides for an exch	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
A LINEALINE TAIL INTERNATION THE YORK	
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	loption:	, if other than
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fue date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop	pted by the incorporators without shareholder action and shareholder	
action was not required.	/ 1 .	
Dated 4	1/3/14	
Signature	Eller golden	
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
-	EDW IN A. Solates (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	_
	President.	
	(Title of person signing)	