P040001565

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
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(Bi	isiness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations			'n	
NAME OF CORPORATION:	Professona	l Payroll Solut	ions, Inc.	
	0400015615	5		
The enclosed Articles of Amena	lment and fee are sut	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
Frank	McQuilkin			
		Name of Contact Person	l	
Ewing	g & Jones, P	LLC		
		Firm/ Company		
6363	Woodway S	uite 1000		
		Address		
Hous	ton, TX 770	57		
		City/ State and Zip Code		
fmcauilki	n@ewingjon	es.com		
		ed for future annual report	notification)	
For further information concern	ing this matter, pleas	e call:		
Frank McQuilkin		at (713	590-9640	
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the folio	wing amount made p	payable to the Florida Depa	ortment of State:	
, Q	3.75 Filing Fee & ertificate 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 Add			Address	
Amendment S Division of C		Amendment Section Division of Corporations		
P.O. Box 632	7	Clifton Building		
Tallahassee, F	L 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the F	
Professional Payroll Solutions, Inc.	Cl
(Document Number of Corporation (i	r known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Attn: Richard Reiling
(8	1914 Woodcrest Drive
	Houston, TX 77018
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
(Florida str	vet address)
New Registered Office Address: (City)	Florida(Zip Code)
(City)	γειρ Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
Thereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the position.
<u> </u>	
Signature of New 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 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	CFO		John Sanders	4550 Post Oak Pl
Add	Treas Direc	Surer/		Suite 119
X Remove				Houston, TX 77027
2) Change	**	_	Color Particles	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		n		
Add				
Remove				
O Cherry				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Ra spacific)
Attacti duditional sheets, if necessary).	(be specific)

	7
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: September 1, 2011		
date this document was signed.		
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		
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)		
Richard K Celling (Typed or printed name of person signing)		
(Typed or printed name of person signing) /		
President		
(Title of person signing)		