P06000071161

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(Sasiness Energy Harris)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	OR-VALUE SOLUTIONS,	CORP	
DOCUMENT NU	MBER:	P06000071161		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.		
Please return all co	rrespondence concerning thi	is matter to the following:		
	MIGUEL RUEDA, President			
	N	Name of Contact Person	•	
	MOR-VA	LUE SOLUTIONS, CORP		
		Firm/ Company		
	8610 N.	Sherman Circ., Unit 104		
		Address		
-		Miramar, FL 33025		
	C	ity/ State and Zip Code		
	MIGUE E-mail address: (to be use	L@Morvalue.com d for future annual report notification)		
For further informa	tion concerning this matter,	please call:		
	Miguel Rueda		94-0110	
Name	of Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	tment of State:	
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status 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	e	



June 1, 2009

Miguel Rueda Mor-Value Solutions, Corp. 8610 N. Sherman Circ, Unit 104 Miramar, FL 33025

SUBJECT: MOR-VALUE SOLUTIONS, CORP.

Ref. Number: P06000071161

We have received your document for MOR-VALUE SOLUTIONS, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000153917.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II Letter Number: 909A00018247

Articles of Amendment to Articles of Incorporation

FILED

	OI		· - L []
MOR-VALUE	SOLUTION	S, CORP	2009 JUN 16 PM 2: 0 of State) TALLAHASSEE, FLORIDA
(Name of Corporation as curr	rently filed with t	he Florida Dept.	of State) PH 2: 0
PO	3000071161		TALLAHASSEE STATE
(Document Nu	mber of Corporati	on (if known)	NOSEE, FLORIDA
Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:		es, this <i>Florida P</i>	rofit Corporation adopts the fol
. If amending name, enter the new name	of the corporation	<u>n:</u>	
MOR-	- VALUE	E CORI	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	the word "corp e designation "Co	oration," "compa orp," "Inc," or "C	ny," or "incorporated" or the Co". A professional corporation
3. Enter new principal office address, if ap	plicable:	6625 Miami L	akes Drive, Suite 429
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u>)	Miami Lakes,	FI 3301/
		MIGHT LORGO.	1 L 0001-7
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	ICE BOX) registered office		a, enter the name of the
new registered agent and/or the new reg	istered office add	<u>lress:</u>	
Name of New Registered Agent:			
New Registered Office Address:	(Florid	da street address)	
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered			ot the obligations of the position.
-	Signature of New	Registered Agent,	if changing
	G	G,	vo********************************

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) Address **Type of Action Title** <u>Name</u> ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment	(s) adoption: May 24, 2009
Effective date if applicable:	
interive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	. , , (CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated May	24, 2009
Signature	(// /// Cue Da
	a directory president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	pinted fiduciary by that fiduciary)
	Miguel Rueda
	(Typed or printed name of person signing)
	President
	(Title of person signing)