P08000008783

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(Ac	idress)	
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SECRETARY OF STATE

LLAHASSEE

AUG 0 2 2012

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HD MA	NAGEMENT &	SOLUTION	S, INC.
DOCUMENT NUMBER:	P08000008	782	
The enclosed Articles of Amendment and	fee are submitted for	filing.	
Please return all correspondence concernin	g this matter to the f	ollowing:	
HEBREU DESS	SALINES		
		f Contact Perso	n
HD MANAGEM	IENT & SOLUT	IONS INC	
TID WANAGEN		m/ Company	
OCEO C MILITA		• •	
2650 S MILITA	AT INAIL, SIE	Address	
	54011 51 66		
WEST PALM B	· · · · · · · · · · · · · · · · · · ·		
	City/ St	ate and Zip Cod	e
HDMSOLUTIONS@	YAHOO.COM		
E-mail address	: (to be used for futu	re annual report	notification)
For further information concerning this ma	tter, please call:		
HEBREU DESSALINES		at (786	319-2474
		de & Daytime Telephone Number	
Enclosed is a check for the following amou	int made payable to	the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certifi	5 Filing Fee & ed Copy ional copy is ed)	□\$52.50 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	i	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HD MANAGEMENT & SOLUTIONS, INC.	
(Name of Corporation as currently filed with the	e Florida Dept, of State)
P08000008782	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporations	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HD MANAGEMENT & SOLUTION
	PO BOX 541135
	GREENACRES, FL 33454
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.	
Name of New Registered Agent HEBREU DESSA	LINES
2650 S MILITARY	TRAIL, STE 12
(Florida	a street address)
New Registered Office Address: WEST PALM BEA	, i lorida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am family Signature of New Register	

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	HEBREU DESSALINES	2650 S MILITARY TRAIL
X Add			STE 12
Remove			W PALM BCH, FL 33415
2) Change	0	FRISKOT DESSALINES	2650 S MILITARY TRAIL
Add			STE 12
X Remove			W PALM BCH, FL 33415
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Auu Remove			

Attach additional sh	ding additional Artic heets, if necessary).	cles, enter cha (Be specific)	nge(s) here:		
			J/A		
-			-N///		
• '					
	 				
					· · · · ·
lf an amendment n	provides for an exch	anne reclassi	lication or cand	ellation of issu	ed shares
provisions for im	plementing the amer	idment if not	contained in the	e amendment it	self:
(if not applica	ible, indicate N/A)		2.0. 22.0.2		
		11/0-			
		NA			
		t			
					·
<u>.</u>					

The date of each amendment(s) adoption: 07/20/2012	- 11
Effective date if applicable: 07/20/2012	
(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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement:
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/20/2012	
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 components appointed fiduciary by that fiduciary)	
HERREN DECCALANEO	
HEBREU DESSALINES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	