# P08000035016

(Req	uestor's Name)	
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(City	/State/Zip/Phone	∋#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
. (Doc	ument Number)	
Certified Copies <u>.</u>	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIC

Office Use Only

Amend

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AUG - 4 2009

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: AMERICA	n Sokution	1 Services Co
DOCUMENT NUMBER: PO 8000	0035016	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Jorge Co	RESPO	
(Name of C	ontact Person)	
(Firm/	Company)	
5850 SW	13 Teller	
MIÀMI F (City/State Jorge Car	Z 33144	
(City/ State	and Zip Code)	
Jorge Car	rerA26(w)	Jahov. Com
E-mail address: (to be used	for future annual report notification	on)
For further information concerning this matter, please of	call:	
Jorge CNESPO (Name of Contact Person)	at (786) 306 (Area Code & Daytime	-3030
Enclosed is a check for the following amount made pa	yable to the Florida Department of	f State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

#### **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

is enclosed)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2009

JORGE CRESPO 5850 SW 13 TERR MIAMI, FL 33144

SUBJECT: AMERICAN SOLUTIONS SERVICES CORP.

Ref. Number: P08000035016

We have received your document for AMERICAN SOLUTIONS SERVICES 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 909A00025234

## **Articles of Amendment**

to

Articles of Incorporation
of Carrier Carrier
American Solutions Services Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation:
If amending name, enter the new name of the corporation:  The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Frincipal office address MUST BE A STREET ADDRESS  SECRETARY OF STATE  (Mailing address MAY BE A POST OFFICE BOX)  Reference mailing address MAY BE A POST OFFICE BOX
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
DIVIGUIE OF NEW NEVIMERUM AVEIL, II CHUNVINV

# 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)

<u>Title</u>	Name a///	Address	Type of Action
	NIFF		☐ Add ☐ Remove
			L Kemove
			☐ Add ☐ Remove
			Li Romove
			☐ Add☐ Remove
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	ending or adding additional Articles, e additional sheets, if necessary). (Be s		
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LA	ance Article	111-1	O
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	Advert	isemen	-
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·			
F. If an	amendment provides for an exchange isions for implementing the amendmen	reclassification, or cancel	llation of issued shares,
(i)	f not applicable, indicate N/A)	at it not contained in the a	menament itsen:
		)	
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	/\_/,	H	
	/ \( \( \)		

The date of each amendment	(s) adoption: $7(15/09)$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we 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 statemend 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
DatedSignature	7-15-09 Jaren Creske
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	JORGE CRESPO
	(Typed or printed name of person signing)  President
	(Title of person signing)