P08000/06703

(Requestor's Name)	
(Address)	600161976956
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/23/0901007006 **35.00
(Business Entity Name). (Document Number)	Amend
Certified Copies Certificates of Status:	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
Special Instructions to Filing Officer:	09 0CT 23

Office Use Only



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COVER LETTER

Division of Corporations	
NAME OF CORPORATION:	4 Solutions Exoup
DOCUMENT NUMBER: 40506	0106703
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
CEOVA NNY Name of	Contact Person
Indes	<i>t</i>
Firm	Company
6220 SOUTH Oran	ge Blossom Trail
	AwDO, FL 32809 e and Zip Code
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please	call:
Seovery S. Name of Contact Person	t (407) 6669590 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\text{\$\sum \$\\$43.75 Filing Fee & \$\text{\$\sum Certificate of Status}\$	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

Articles of Amendment

Articles of Incorporation PoscoolP6703 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. 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

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

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)

Title Name

VP Go Locato Topals Valle

Address	Ty	ne of Action
207 SAVONANTH PREMINE LOS SONEAPONT, 71-35837		Add Remove
	=	Add Remove
		Add Remove

ttach additional sheets, if necessary).	(ве specific)
	1/1/
	/V /-M

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))	
	,	
	•	
**************************************	N/K	

The date of each amendment(s) ad	option:
	(date of adoption is required)
Effective date if applicable:	10/5/89
(no i	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	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 statemen each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	,,,
(votin	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	10/5/09
Signature X Wa	Dema Vel
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
appointed	inductary by that inductary;
	WALNEMAR VESLEZ
	(Typed or printed name of person signing)
	Polsi Alu &
	(Title of person signing)