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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Technology Se	olutions Managemer	nt Inc.	> -	
DOCUMENT NUMI	P00000010003				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Peter Wong				
		Name of Contact Perso	n		
Aczento Consulting Group Corp					
		Firm/ Company			
	841 PRUDENTIAL DE	RIVE			
		Address			
	Jacksonville, FL 3220	7			
		City/ State and Zip Cod	e		
usa	@aczento.com				
	-	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Peter Wong		at (904	, 647.4566		
Name (of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$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 is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation			H. T.
Toobhalagy Salutions Management in	of		\$3.25 (2.25)	0) }
Technology Solutions Management in			177 m	- P M
(Name of Corporation as current	ly filed with the Florida Dept.	. of State)	70	25
P09000019003				2: 04
(Document Numbe	er of Corporation (if known)		``` }	, -
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Proj</i>	fit Corporation ado	pts the followin	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A pro			
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A				-
				•
			<u> </u>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			-
			·	-
				-
D. If amending the registered agent and/or regi		da, enter the name	of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
new negative a opposition of the second	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		ent the obligations	of the position	
The state of the s		-F. III OUNGWION	ey me poomon	
Signature o	f New Registered Agent, if char	nging		
Signature o	ij New Kegisierea Ageni, ij chai	nging		

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		-	
Add				,	
Remove					
2) Change					
Add				,	
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		-	
Add					
Remove					
5) Change		_		-	
Add					
Remove					
6) Change					
Add		_		-	
Remove				-	

E. If amending or adding additional Articles, ent	ter change(s) here:
(Attach additional sheets, if necessary). (Be sp	ecific)
N/A	
F. If an amendment provides for an exchange, re	
<u>provisions for implementing the amendment</u> (if not applicable, indicate N/A)	if not contained in the amendment itself:
	on Chargo with nor Value of 90 LICD
Change Sharecapital to 10.000 Comm	on Shares with par value of 80 050
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: U3/U3/2015	, if other than the
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)	
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 03/03/2015	
Signature A. D. A. L.	
(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)	
appointed fluiding by that fluiding)	
Tadeusz-Janusz Mastykarz	
(Typed or printed name of person signing)	
PCEO	
(Title of person signing)	