# P09000039788

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Receivables Solutions	, Inc.
•			
DOCUMENT NUMB	ER:	P09000039788	8
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corres	pondence concerning th	is matter to the following:	
		Samantha Stevins	
	Ŋ	Name of Contact Person	
	Rece	ivables Solutions, Inc.	
Firm/ Company			
	1177 Hypoluxo Road, Suite 302		·
Address  Lantana, Florida 33462		Address	
	C	City/ State and Zip Code	
	Stevir E-mail address: (to be use	nsLaw@aol.com ed for future annual report notification)	<del>,</del>
For further information	concerning this matter,	please call:	
Sama	ntha Stevins	at ( 561 )	629-2233
	ontact Person	Area Code & Daytime T	<del></del>
Enclosed is a check for	the following amount n	nade 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)	<ul> <li>         ∑ \$52.50 Filing Fee             Certificate of Status             Certified Copy             (Additional Copy is enclosed)</li> </ul>
Mailing Addre Amendment Se Division of Cor P.O. Box 6327	ction porations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Cir	cle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### Receivables Solutions, Inc.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P09000039788

(Document I	Number of Corporation (II known)	· ???
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		a Profit Corporation adopts the follow
A. If amending name, enter the new nam	e of the corporation:	
		The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	$\cdot$ the designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if	applicable:	
(Principal office address MUST BE A STR	REET ADDRESS )	
	-	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
	<del></del>	
D. If amending the registered agent and/		rida, enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	Samantha Stevins	
	1177 Hypoluxo Road, Sui	te 302
New Registered Office Address:	(Florida street addre	· · · · · · · · · · · · · · · · · · ·
	Lantana	_, Florida 33462
	(City)	(Zip Code)
	(0)/	(2.1)
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	nging Registered Agent:	and the obligations of the position
i nereoy accepi ine appoiniment as register	eu ageni. 11 am jamiliar wiin and ad	A
•	Signature of New Pagistared Age	nt if changing

## 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>	<u>Name</u>	Address	Type of Action
<del>P</del>	Rhet Weisman	1375 Morteway Blod Boynton Beach FC 33426	Add Remove
Pres	Michael Rahn	1177 HypoluxoRd #30 Lantona, FL 33462	Add Remove
Director CEO	Rhett Weisman	1177 Hypolyxo Rd # 30 Lantana, FL 33462	Z Add □ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		
provision	endment provides for an exchange, recl as for implementing the amendment if n applicable, indicate N/A)		

## 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>	<u>Name</u>	Address	Type of Action
VP_	Scott Ray	1177 Hypoluxo Rd 2000 Lantana, FL 33462	Z Add ☐ Remove
1P/Sec	Samaritha Stevins	177 Hypolixo Rd#30 Lantana, FL 33462	Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

The date of each amer	idment(s) adoption: October 1, 2009
	(date of adoption is required)
Effective date if applic	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number o	f votes cast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder ired.
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder ired.
Dated	November 18, 2009
Signa	itureThis bleus
	(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)
	Rhett Weisman
	(Typed or printed name of person signing)
	Director
	(Title of person signing)