

P090000062423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

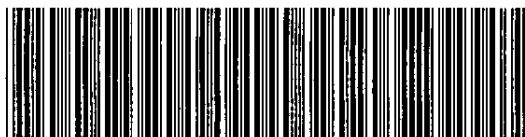
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Amend

08/07/09--01019--011 **35.00

FILED
2009 AUG -7 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
8/11/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cherrie Solutions Inc.

DOCUMENT NUMBER: P09000062423

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharull L. Jackson
Name of Contact Person

Cherrie Solutions Inc.
Firm/ Company

6028 Chester Avenue Ste. #206-D
Address

Jacksonville, FL 32217
City/ State and Zip Code

cherriesolutionsinc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharull L. Jackson at (904) 625-6437
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Address</u>	<u>Type of Action</u>
President	Sharell L. Wilson	5970 110 th Street Jacksonville, FL 32244	☐ Add ☒ Remove
President	Sharell L. Jackson	6028 Chester Ave. Suite 206 D Jacksonville, FL 32217	☒ Add ☐ Remove
Secretary	Sharell L. Wilson	5970 110 th Street Jacksonville, FL 32244	☐ Add ☒ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretaey	Sharell L. Jackson	6028 Chester Ave. Suite 206 D Jacksonville, FL 32217	Add

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)

The date of each amendment(s) adoption: 8-5-2009
(date of adoption is required)
Effective date if applicable: 8-5-2009
(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 8/5/2009

Signature Sharell L. Wilson
(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)

Sharell L. Wilson
(Typed or printed name of person signing)

President
(Title of person signing)