P09000085434

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COVER LETTER

TO: Amendment Section
Division of Corporations

	IBER:		
The enclosed Article	s of Amendment and fee a		
		re submitted for filing.	
Please return all corr	espondence concerning th	is matter to the following:	
_		MARIANO HAIRE	
	N	lame of Contact Person	
_	BS	T SOLUTIONS, INC	
Firm/ Company			
12555 BISCAYNE BLVD #765			
		Address	
_		TH MIAMI, FL. 33181	
	C	ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further information	on concerning this matter,	please call:	
MAF	RIANO HAIRE	at (786) 48	6-2402
Name of	Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or the following amount n	nade payable to the Florida Departr	nent 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

Articles of Amendment to **Articles of Incorporation** of

BST SOLUTIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P09	000085634	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
	N/A	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		, enter the name of the
	stered office address;	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Florida street address)	
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing	ig Registered Agent:	
I hereby accept the appointment as registered a		t the obligations of the position.
2	ignature of New Registered Agent i	f 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>	Name	Address	Type of Action
DIR	MARIANO HAIRE	12555 BISCAYNE BLVD #765 NORTH MIAMI BEACH, FL 33181	
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach addit	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	
E 16			
	dment provides for an exchange, recla for implementing the amendment if no		
	applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 1	12/14/09
Effective date if applicable:	12/14/09	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) r approval.
		the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval
by		·,·
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by th	ne board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by th	ne incorporators without shareholder action and shareholder
Dated_12/0	14/09	
Signature _	Maria	no Vair
		ident or other officer – if directors or officers have not been
		orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		MARIANO HAIRE
	(T	yped or printed name of person signing)
)inector
	(Title	of person signing)