P10000013461

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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10/29/12--01043--014 **35.00



OCT 3 0 2012 C. MUSTAIN

COVER LETTER

CO: Amendment Section Division of Corporations
NAME OF CORPORATION: PAYLESS SOLUTION INC.
DOCUMENT NUMBER: P10000013461
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Payless Solvion INC. Firm/Company BB03 FUTURES De. Suite #10 Address
ORLANDO FL 32819 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
TARIBUZZ FARO (SONNY) at (407) 280-0001 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:
\$\text{\$35 Filing Fee}\$ \text{\$\subseteq \$\text{\$43.75 Filing Fee & Certificate of Status}\$ \$\subseteq \$\text{\$\subseteq \$\seta
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PAY less Solution	N INC.	
(Name of Corporation as currently filed		
P100000134	61	
(Document Number of Cor		
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following a	mendment(s) t
A. If amending name, enter the new name of the corpo	ration:	
N/1º)	he new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbi Inc," or "Co". A professional corporation name must cor reviation "P.A."	eviation itain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>N/A</u>	
	En Co	750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FILE,
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the	a
new registered agent and/or the new registered office		•
Name of New Registered Agent	NA	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		
Signature of Nov. E	Registered Apent, 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)

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	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	z Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Shirin Imani	8803 Futuers De #10
Add			Oebindo Fl. 32819
Remove			
2) Change	_ _ P	Shiein Imani	
Add			
Remove			
3) Change	<u> P</u>	Farigorz FALD	8803 Fores De #10 Orlando Pl. 32819
X Add			(Oplando 4C. 32819
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			and the second s
Remove			

. •	ry). (Be specific)		
		NA	
			U 88 (VIV 801) 88 (MI)
		· (10.01) - 18.05 - 18.05 - 18.05 - 18.05	
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		<u>, </u>	
	<u> </u>		
an amendment provides for an	exchange, reclassific	cation, or cancellation of	f issued shares,
orovisions for implementing the (if not applicable, indicate N/A	<u>amendment it not c</u>	ontained in the amendme	ent itseit:
	• •		
(4) not applicable, maicule 14/1			
(y nor approache, manuse 1477		N/A	
(g not apprount, manuse 1472		N/H	
(y nor apprount, manuse 1477		NIH	
(g not appreciate, manuse 1477		NIH	
(g nor apprount, manuse 1477		NIH	
(g nor appricable, manuse 1477		NIH	
(g not appreciate, manuale 1477		NIH	
(g nor apprecion, manuse 1477		NIH	
(g nor apprecion, manusc 14/7		NIH	

The date of each amendment(s) ad	loption: 10 23 12
Effective date if applicable:	10 23 12
	(no more 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	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Signature	0-23-12 July 5019
	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Shiein Imani
	(Typed or printed name of person signing)
	President
	(Title of person signing)