

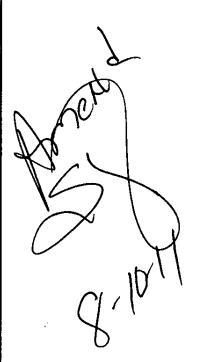
. (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

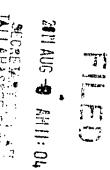
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300210752853

300210752853 08/08/11--01024--024 \*\*35.00





## **COVER LETTER**

<b>TO:</b> Amendment Section	
	Division of Corporations

NAME OF CO	DRPORATION: 04/450/4/10	on Technology Co	orp.
		-0	
DOCUMENT	NUMBER: <u>\$10000</u>	91642	
The enclosed A	rticles of Amendment and fee are sub-	mitted for filing.	
Please return al	I correspondence concerning this matte	er to the following:	
	Wayne Will	liams	
	(Name of	Contact Person)	
	Data solution 7	Technology Corp.	
	(Firm/	(Company)	
	18520 NW 67th A	Ve	
(Address)			
	Migmi Gardens, Fl (City/ State	33056	
		e and Zip Code)  Org. Com  I for future annual report notification	on)
For further info	rmation concerning this matter, please		
Wayne	William S  Name of Contact Person)	at (\$88) 416 -	4199
(	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a cl	heck for the following amount made pa	ayable to the Florida Department o	f State:
₩\$35 Filing F	ee \$\begin{aligned} \$43.75 \text{ Filing Fee & Certificate of Status} \end{aligned}	□ \$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	Street Address	,
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

AMILION AMILION

Oaka Solution Technology Corp

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

P10000091142

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	e of the corporatio	<u>n:</u>	
he new name must be distinguishable and bbreviation "Corp." or "Inc." "Company			acorporated" or the
s. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>	pplicable:	Wayne WI 18520 NW 63	1/19MS 74 Ave 5, F1 33015
Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
. If amending the registered agent and/onew registered agent and/or the new recommendation and the new	egistered office ado	iress:	nter the name of the
Name of New Registered Agent:	Wayne	Williams	
New Registered Office Address:	(Flori	da street address)	
	Migmt Go	ardens (City)	, Florida_ <u></u>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Wayne William Senature of New Registered Agent, if changing

Page 1 of 3

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)

Title	<u>Name</u>	Address	Type of Action
<u> </u>	Shervan montgomeny	1830 NW187 tong w M14m1 Gardens, F1 33056	Add Remove
VP_	Josey Seide	1830 NW 187th Tens co Magni Gackers, F1 33056	Add  Themove
<u>C02</u>	Iniene Balthazar	1680 NW128145+ NOVH MIGMI, F/ 33167	☐ Add
E. If amend (attach add	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec	r change(s) here: ific)	
		<del></del>	
	·		
<del></del>			

## 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)

Title VP	Name Tonie Seide	Address  1830 NW 187 Ferra a  Migmi Gardons, F13056	Type of Action
<u>P</u>	Wayne Williams	18520 NW67th Are Migmi Gardens, A 33015	
			Add Remove
	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: e specific)	
			<del></del>
provis		ze, reclassification, or cancellation of issent if not contained in the amendment i	
			la ma dila

The date of each amendment(s) adoption:	- 08-02-20/1
Effective date if applicable:	(date of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were
Dated 08-02	- 2011
Signature Washe	Williams
(By the chairman have not been se	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
$-\omega$	(Typed or printed name of person signing)
/	President.
	(Title of person signing)