P11000018540

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Amend

SEP 1 8 2018

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHADES & SOLU	JTIONS INC			
DOCUMENT NUME	BER: P11000018540				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	XIMENA GONZALEZ				
		Name of Contact Persoi	n		
	SHADES & SOLUTIONS INC				
		Firm/ Company			
	660 NE 93 ST	, ,			
		Address			
	MIAMI SHORES FL 33138	}			
		City/ State and Zip Cod	e		
gon	zalez1948@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
MAGALY GONZALE	ΞZ	305 at (557-1662		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation

of

SHADES & SOLUTIONS INC

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P110	000018540
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	ed "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	<u> </u>
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	## C
D. If amending the registered agent and/or register new registered agent and/or the new registered	
	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Auent
	I am familiar with and accept the obligations of the position.
Cim	vature of New Registered Agent, it changing
NON	anner ar iven bevingern avent a enaville

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:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	FRANZ, GROGL	660 NE 93 ST
Add			MIAMI SHORES FL 33138
X Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			
Remove			

	ling additional Art ieets, if necessary).	(Be specific)			
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f an amendment p	rovides for an exc	hange, reclassifie:	ation, or cancellation	on of issued shares,	
manufalana fam !	lementing the amo	endment if not cor	ntained in the ame	ndment itself:	
provisions for imp	ble, indicate N/A)				
if not applicat					
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09/12/2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
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)	
(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.	
09/12/2018 Dated	
Signature (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)	
XIMENA GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	