P11000041263

(Dawnstade News)	
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(Business Entity Name)	
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4/12/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TG	SO	LU	TIO	NS	IN(J

P11000041263

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

Please return all correspondence concerning this matter to the following:

RALF F HEYER

Name of Contact Person

HEYER & ASSOCIATES EA PA

Firm/ Company

2525 PONCE DE LEON BLVD SUITE 300

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

RFH@HEYERINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALF F HEYER

Name of Contact Person

(786) 693-9358

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

Articles of Amendment to Articles of Incorporation

FILED

2012 APR 11 PM 1:58

TG SOLUTIONS INC

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

SEGRETARY OF STATE TALLAHASSEE, FLORID;

P11000041263

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Tlorida Profit Corporation add	opts the following amendn
A. If amending name, enter the new name of the corporation:		
	,	The ne
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporat	ated" or the abbreviation name must contain to
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
		P-4-87
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name	e of the
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(City)	, 1 101144	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations	of the position
. norvey weeep, me appendment as registered agent. I am jumuur m	m and accept the conguitons	ay me pusmum
Signature of New Registered As	rant if abanaina	
Signature oj New Registerea Ag	geni, ij 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: XChange	<u>PT</u>	John Doc	
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 Add Remove	<u>s</u>	GABRIEL ADRIAN SASSON	2525 PONCE DE LEON BLVD # 300 CORAL GABLES, FL 33134
2) X Change —— Add —— Remove	PDT	MOISES A SAAL	2525 PONCE DE LEON BLVD # 300 CORAL GABLES, FL 33134
3) Change Add Remove	<u> </u>		
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)			
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an amendment provides for an exch	ange, reclassificati	on, or cancellatio	n of issued shar	es,
rovisions for implementing the ame	adment if not conta			
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	imeu in the amer		
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The date of each amendment(s) a	doption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient 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)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
_{Dated} 04/09	/2012
selectg	Leter, president or other officer – if directors or officers have not been a hour incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) GABRIEL ADRIAN SASSON
V	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)