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JC 8/12

COVER LETTER

,TO: Amendment Section

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMPA NULTISEZVICES, INC TAMPA, FL. 33607

City/ State and Zip Code TAMPAMULTISERVICES @ HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation



ROCHA SOLUTIONS, CORP.

13 AUG -5 PH 12: 07

(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P 11 0000 49788	
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P A	"company," or "incorporated" or the abbreviation " A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	rilg
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	- 1/2
New Registered Office Address: 235 GUIF 7. (Florida street Clear water (City)	DAY Blud Sote 149 address) , Florida 33765 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Amador Morale. Signature of New Registered Age	

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:	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y 13/14/14 to 14/14/14	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	₽	ALFONISO GUBRECA	6852 RAISTON PLACE
Add			DR. APT 201
Remove			TMPA, FL. 33614
2) Change	VP	JESUS ROCHA	6852 RALSTON PLACE
Add			JR. APT 201
X Remove			TMPA, FL. 33614
3) Change	P	Amador Morales	2236 GUAT TO BAY BIUN
X Add	<u></u>		2236 GULF TO BAY BIUS 10te 149 - Clearwater, +1 0376
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
N/A	
17.5	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	08/01/2013	, if other than the
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 adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
((voting group)	
	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
DatedO8	101/2013	
Signature Amador	101/2013 - Morgies	
(By a director, p	resident or other officer – if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
4	THUSOR MORALS (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)