P110000072719

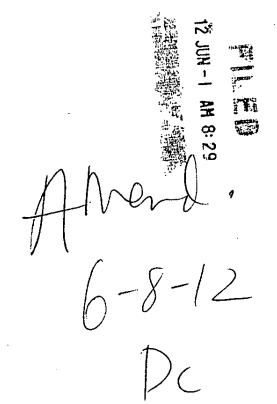
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PM	SOLUTIONS TI	RADE C	ORP		
DOCUMENT NUMBER: P11000072719					
The enclosed Articles of Amendment an	d fee are submitted for fili	ing.			
Please return all correspondence concern	ing this matter to the follo	wing:			
MARIANE	LA SAVINON				
Name of Contact Person					
PM SOLU	TIONS TRADE	CORP			
Firm/ Company					
9737 NW 4	41st STREET #	706			
	Ad	dress			
DORAL, F	L. 33178				
•	City/ State :	and Zip Code			
nodrotavaroza	avinan@vahaa	aam			
	ss: (to be used for future a		diffraction)		
is-man addre	ss. (to be used for future a	iliuai report in	omeanon)		
For further information concerning this n	natter, please call:				
MARIANELA SAVINON	at (305	340-1748		
Name of Contact Person			& Daytime Telephone Number		
Enclosed is a check for the following am	ount made payable to the I	Florida Depart	ment of State:		
■ \$35 Filing Fee □\$43.75 Fili Certificate		Сору	□\$\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Mailing Address Street Address				
Amendment Section		Amendment Section			
Division of Corporation P.O. Box 6327	лs	Division of Corporations			
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

PM SOLUTIONS TRADE	E,CORP.				
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)			
P11000072719					
(Documen	t Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation	adopts the following	g amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A				The	new
"Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc," or "C	lo". A professional corpo			
B. Enter new principal office address, i	if applicable:	N/A			
(Principal office address MUST BE A ST	TREET ADDRESS)		ne de la companya de		
			Tay Same	び。	
•				至	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A		_	1
muning dualess mili be il tost e	THE BOX			2	TE
				ထု	(E)
				62	
D. If amending the registered agent and		ess in Florida, enter the n	ame of the		
new registered agent and/or the new	v registered office address: MARIANELA SA'	VINON			
Name of New Registered Agent					
	9737 NW 41st S	 			
	(Florida stree		22470		
New Registered Office Address:	DORAL (City)	, Floric	la 33178 (Zip Code)		
	(Cny)		(Zip Code)		
New Registered Agent's Signature, if ch		tationed account to a literate			
I hereby accept the appointment as registe	() o W		ons of the position. —		
Sig	natur of New Registered Ag	gent, if changing			
	ν				

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 <math>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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	P	PEDRO M TAVAREZ	9737 NW 41st STREET APT 706 DORAL, FL. 33178	
2) Change Add Remove	P	MARIANELA SAVINON	9737 NW 41st STREET # 706 DORAL, FL. 33178	
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

E. <u>If amending or ad</u> (attach additional	lding additional Artic sheets, if necessary).	cles, enter change (Be specific)	e(s) here:		
N/A					
					
	· ·- ·-				-
			·		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
provisions for in	provides for an exch nplementing the amer able, indicate N/A)	nange, reclassifica ndment if not con	tion, or cancellati	on of issued shares ndment itself:	-
N/A					
					<u></u>
			-		<u> </u>

The date of each amendment(s)	adoption: 05/29/2012
Effective date <u>if applicable</u> :	I/A
Effective date it applicable.	(no more than 90 days after amendment file date)
A 1	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 05/29	9/2012
Signature	Oul
(By a	a dilector president or other officer - if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted induciary by that fiduciary)
	MARIANELA SAVINON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)