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SECRUTARY OF COMMITALL ARREST FOR PH 14: 37

SEP 13 2016
R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations Immortal Solutions Inc. P110000742 46 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: mmortal Solutions Inc Firm/Company B. Silverman @ 9 mail. com
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: \$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 Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

	of	16 SEP	-6 PH 4:36	
Immortal Solat	tions Inc	SECRETA	ARTH CANT	
(Name of Corpora	tion as currently filed w	SECRETA ith the Florida Depth of Sta	ite): A Control (A)	
P110000742				
	ument Number of Corpora	ation (if known)		
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	ida Statutes, this <i>Florida I</i>	Profit Corporation adopts th	ne following amendment(s) to	
A. If amending name, enter the new name of the	corporation:			
Immortal Solutions	Enterprises	Thc.	The new	
name must be distinguishable and contain the w	ord "corporation." "cor	mpany," or "incorporated"	or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Colword "chartered," "professional association," or the	rp," "Inc," or "Co". A neabbreviation "P.A."	professional corporation no	ame must contain the	
		1//A		
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL		<u> </u>		
(1 metput byjeco address into property in the second secon		V/A		
		NIA		
		7/1		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	8 0X)	N/A		
(a., a.a., a.a.		11/4		
		- [V]-[]		
		NA	 	
D. If amending the registered agent and/or registered	tered office address in F	lorida, enter the name of th	16	
new registered agent and/or the new registere				
Name of New Registered Agent	MA			
	MIL			
	(Florida street addre	ss)		
New Registered Office Address:	N/A	. Floric	ła	
New Negisierea Office Address.	(City)	, 1 10110	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		accept the obligations of the	position.	
	y	<u>,</u>	•	
	1//1			
	14/5			
Signature of New Registered Agent, if changing				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
1 / /	
. If an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	Iment if not contained in the amendment itself:
	///
·	

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: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	NK	IV/A	<i>YA</i>
Add	I		
Remove	t i	,	
2) Change	MA	N/A	- NA
Add	•	7	
Remove	1//1	N/A	
3) Change	14/-/5		<u> </u>
Remove	ļ		
4) Change	NA	MA	
Add		(
Remove	,		
5) Change	WA	N/X	<i>MA</i>
Add	1	1	
Remove	. 11,	1/1/	A
6) Change	MX	NA	<i>N/</i> }
Add		/	
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment and the separately of the shareholders through voting groups.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 411 3 Nember (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated	1 1
Signature May Schema Pr	csidens
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truster	
appointed fiduciary by that fiduciary)	-,
Llayd Silverman	
(Typed or printed name of person signing)	
Mrcs iden /	
(Title of person signing)	