P110000860065

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Creative Sc	olutions internati	ionai, inc.	·
	BER: P1100008606			· · ·
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	•	î
Please return all corres	pondence concerning this mat	tter to the following:		
	Anthony Q. Joffe	·		
		Name of Contact Person	n .	
	Creative Solution	s International, I	Inc.	
		Firm/ Company	• • •	,
	101 SW 11 Ave	, -	•	
		Address		·
	Boca Raton, FL 3	3486	•	
	<u>.</u> .	City/ State and Zip Code	e .	.
. •				
ajoi	fe@creativesoluti			:
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:	:	4 , 2 , 3
Anthony Q. J	offe	_{at (} 561	, 206-2778	
Name o	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:	
\$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)	
Ame Divi P.O.	ling Address Indment Section Is on of Corporations Box 6327 Is ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

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12 OCT 2		' /: /B

Creative Solutions International, Inc.

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

P11000086065

(Document Number of Corporation (if known)

nendment(s) to

a. If amending name, enter the new name of the N/A		-	, 5	•		The ne
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or the	rp," "Inc," or "C	o". A profes	" or "incor	porated" oration nai	or the ab me must c	breviatio ontain ti
B. Enter new principal office address, if applicat	· ole:	N/A· '	•		' 、	
Principal office address <u>MUST BE A STREET Al</u>				i		٠.
		•	•			
				· ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	B <i>OX</i>)	N/A				•
	•					٠
). If amending the registered agent and/or regis		ess in Florida	enter the n	ame of the		•
new registered agent and/or the new registere	d office address:					
Name of New Registered Agent INIA				- .		
		54 - 44 S	;		•	
	(Elauida neua		•			•
	(Florida stre	or, add. 505)	,			
New Registered Office Address:	(Florida stre		, Florid		Code)	
New Registered Office Address:			, Florid		Code)	
New Registered Office Address: New Registered Agent's Signature, if changing R	(City)		, Floric		Code)	

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>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Preston Wilson	219 Scott Street
Add		•	Beufort, SC 29902
X Remove	,		
2) Change	D	Donal McSullivan	24 East Avenue
Add			New Canaan, CT 06840
X Remove			
3) Change			
Add			
Remove			.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add	·		.
Remove		, ·	, q

. If amending or adding additional Articological (Attach additional sheets, if necessary).	(Be specific)	<u></u> -		
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, ndment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
I/A			•	
				•

The date of each amendment(s)	adoption: October 15, 2012
Effective date if applicable:	/A
Ellective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder
_{Dated} Octob	per 15, 2012
Signature	12M
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Anthony Q. Joffe
	(Typed or printed name of person signing)
	Director
	(Title of person signing)