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SECRETARI OF STATE

APR 2.4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Processor
DOCUMENT NUMBER:	7 7 2 2 2 3 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence cond	eerning this matter to the following:
	Name of Contact Person Ouwevee Solutions Inc. Firm/ Company
	Name of Contact Person
	rumeree Solutions Inc.
*7:	Firm/ Company
	60 UUSI 08 31 # 126
	Address Aia leal, Fl. 33016 City/ State and Zip Code
	City/ State and Zip Code
dal	
E-mail ad	dress: (to be used for future annual report notification)
	(va a
For further information concerning th	is matter, please call:
Delia V. Car	10.4 ZAT 674 GACA
Name of Contact Pers	(
T. I.	
Enclosed is a check for the following	amount made payable to the Florida Department of State:
_	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	- I I I I I I I I I I I I I I I I I I I
Division of Corpora P.O. Box 6327	ntions Division of Corporations Clifton Building
Tallahassee, FL 323	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

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Commerce Solutions Inc.

P13000030620

(Document Number of Corporation (if known)

SECRETARY UP STATE TALLAHASSEE, FLORIDA

nent(s) to

. If amending name, enter the new name of t	the corporations	
. If amending name, enter the new name of t	the Cot por action.	
		The
	e word "corporation," "company," or "incorporated" "Corp," "Inc," or "Co". A professional corporation na or the abbreviation "P.A."	
. Enter new principal office address, if appli	icable:	
Principal office address <u>MUST BE A STREET</u>		
	 _	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	TE BOX)	
		
). If amending the registered agent and/or re	egistered office address in Florida, enter the name of th	e
 If amending the registered agent and/or re new registered agent and/or the new regist 	egistered office address in Florida, enter the name of the tered office address:	<u>e</u>
new registered agent and/or the new regist		<u>e</u>
		<u>e</u>
new registered agent and/or the new regist	tered office address:	<u>e</u>
new registered agent and/or the new regist		<u>e</u>
new registered agent and/or the new regist	(Florida street address)	
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address)	e o Code)
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address)	
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address), Florida(City) (Zip.	

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:	e, ana sai	iy smith, S	v as an Add.			·	
X Change	<u>PT</u>	John Doe	•				i
X Remove	<u>v</u>	Mike Jon	<u>es</u>				
X Add	<u>sv</u>	Sally Sm	<u>ith</u>			•	·
Type of Action (Check One)	Title		Name				Address
1) Change	· S	<i>.</i> .	Silvia	Roome	25		2360 West 68 St # 126 Hraleal, H. 33016
Add							Araleal, H. 33016
Remove							
2) Change		····					
Add							
Remove							
3) Change			• • • • • • • • • • • • • • • • • • • •	. ,			
Add							
Remove							
4) Change		<u>.</u>					
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5) Change	*******					-	-
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Remove							
6) Change							
Add				·		•	
Remove						•	. :

additional bilook, if nocoodiny).	icles, enter chang (Be specific)			
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		···		

If an amendment provides for an excl	nange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the am	endment itself:	
(ij noi applicable, indicale 1971)				

Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	r than the
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"The number of votes cast for the amendment(s) was/were sufficient for approval by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	
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Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Delia V. Cancel (Typed or printed name of person signing) Wesi deat (Title of person signing)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Delia V. Cancel (Typed or printed name of person signing) Wesi deut (Title of person signing)	
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