## P13000084294

(Requestor	's Name)
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## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: POTRO Soluto DOCUMENT NUMBER: 130000 8429	nons Group Inc.
The enclosed Articles of Amendment and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the follo	wing:
Letro Solutions Firm/0 6001 NW 153 Ad MIAMI LAKES	Company  St, Suite 140  dress  FLorida 33014  and Zip Code
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (	305 556-2988 Area Code & Daytime Telephone Number
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 & Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status I copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Poten Salutions grown Inc FILED
(Name of Corporation as currently filed with the Florida Dept. of State) 2014 MAR - 5 AM 11: 23
113000084294
(Document Number of Corporation (if known)  TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u> )
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>3</u>	_	Adriana Montalvo	6001 NW153 St #140
Add Remove				Miami Lakeo, FC 33014
2) Change	<u>S</u>	_	Michael Montalvo	6001 NW 153 St Ste 140
Add				Miami Lako, F(33014
Change Add	<del></del>	_		
Remove				
4) Change		_		
Add Remove				
5) Change				
Add Remove				
6) Change		_		
Add				
Remove				

Attach	addition	auuing a al sheets,	if necessa.	<u>ATUGI</u> TY).	es, enter cha (Be specific)	nge(s) ne	<u>:re</u> :				
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The date of each amendment(s) adoption: (A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	_, if other than the
Effective date if applicable: March 1, 2014	
(no more than 90 days after amendment file date)	_
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"  (voting group)	
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 02/24/2014	
Signature Gunus Vinou	
(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)	
Tarrara & Minsal	
(Typed or printed name of person signing)	
Rusidant	
- 11601C1C1C1	
(Title of person signing)	