P13000091607

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2013 NOV 18 PM 3: 49
SELVAHASSEE, FLORIDA
TALLIAHASSEE, FLORIDA

100R 11/11/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SERVICES STAFFING SOLUTION CORP				
DOCUMENT NUMBER: P13000091607				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Domingo Abinader				
Name of Contact Person				
AB Multi Services and Income Taxes				
8751 Commodity Cir Suite 7				
Orlando, FL 32819				
City/ State and Zip Code				
abmultiservices1@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Domingo Abinader at (407) 922-9211				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building Z661 Executive Center Circle Tallahassee, FL 32301-				

Articles of Amendment Articles of Incorporation

FILED

SERVICES STAFFING SOLUTION CORP

2013 NOV 18 PM 3: 49

(Name of Corporation as currently filed with the Florida Dept. of State) P13000091607

SELATURY OF STATE TALLAHASSEE, FLORIDA

(Document Number of Corporation (if kno	own)	%
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	ida Profit Corporation adopt	s the following amendment(
A. If amending name, enter the new name of the corporation: Complete Services Solutions Corp		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporat A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 new registered agent and/or the new registered office address:	in Florida, enter the name o	of the
Name of New Registered Agent		
(Florida street a	ddress)	
New Registered Office Address: (City)	, Florida	(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	f the position.
Signature of New Pacietawad Again	ut if abayaina	

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: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		<u></u>		 	
Add Remove					
2) Change		_		 	
Add Remove					
3) Change	- , , 			 	
Add Remove					
4) Change				 	
Add Remove					
5) Change		_		 	
Add Remove					
6) Change					
Add					
Remove					

	,, y 1100000001yy. (D	Be specific)		
				
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amendment prov	ides for an exchang	ge, reclassification, o	r cancellation of issued	snares, _f .
n amendment provivisions for implem (if not applicable,	nenting the amendn	ge, reclassification, o nent if not contained	r cancellation of issued in the amendment itsel	<u>snares,</u> <u>f:</u>
visions for implem	nenting the amendn	ge, reclassification, o nent if not contained	r cancellation of issued in the amendment itsel	<u>snares,</u> <u>f:</u>
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The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable: (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)	
(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 11/09/2013	
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)	
Domingo Abinader	
(Typed or printed name of person signing)	
incorporator	
(Title of person signing)	_