## P14000009395

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SECRETARY OF STATE ONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: New Resolution In	nc.			
DOCUMENT NUM	P14000009395				
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	***		
Please return all corr	espondence concerning this ma	tter to the following:	•		
	Vilma Vedda				
		Name of Contact Person	n		
	New Resolution Inc.				
		Firm/ Company			
	8263 NW 36th Street				
		Address			
	Sunrise, Florida 33351				
		City/ State and Zip Cod	e		
n.re	solution15@gmail.com				
<del></del> -		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Vilma Vedda		954 at (	816-5073		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Ta	llahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

New Resolution Inc			30	Control of
( <u>Name</u>	of Corporation as current	tly filed with the Florida Dept. of State)	7	626
P14000009395				2 00
	(Document Number of	of Corporation (if known)		: 3
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	llowing	g a <del>rde</del> ndrhêr
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."		- bbreviation
B. Enter new principal office address.	if annlicable:	N/A		
(Principal office address MUST BE A S				
				<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent an new registered agent and/or the new registered agent and new registered agent agen				
Name of New Registered Agent	N/A			
	(Florida st	reet address)		
New Registered Office Address:	N/A			
<u>New Registered Office Adaress:</u>		, Florida,	(Zip C	Code)
Ne <u>w Registered Agent's Sig</u> nature, if c	hanging Registered Agent	<b>:</b>		
		with and accept the obligations of the posi	tion.	
	Signature of New 1	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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Juliana Gutierrez	 363 Rock Island Road # 306
Add			Margate, Florida 33063
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		 
Add			
Remove			
6) Change			 
Add			
Damaria			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change (Be specific)	e(s) here:			
N/A					
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F. If an amendment provides for an exch- provisions for implementing the amer	ange, reclassificated	tion, or cancellat	tion of issued s	<u>hares,</u>	
(if not applicable, indicate N/A)	tunione it not con	vanied in the am	endment tistif	<u>.</u>	
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N/A					
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					,

01/01/2015	
The date of each amendment(s) adoption:	, if other thar
date this document was signed.	
7750 41 24 40 11 11	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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"	
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 3/9/2017 Signature William Wedde.	
Signature Wulnu Wedde.	
(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)	
(Typed or printed name of person signing)	
Dresident	

the

the

(Title of person signing)