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COVER LETTER

TO: Amendment Section

Division of Corporations SOLUTIONS SUPPORT SERVICES, INC NAME OF CORPORATION: . DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Faith Henry Name of Contact Person SOLUTIONS SUPPORT SERVICES, INC Firm/ Company 1742 MACKLIN ST NW Address Palm Bay FL 32907 City/ State and Zip Code For further information concerning this matter, please call: Area Code & Daytime Telephone Number Faith Henry Name of Contact Person osed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SOLUTIONS SUPPORT SERVICES, INC	2010 DEC 13 PM 4: 49
(Name of Corporation a	is currently filed with the Florida Dept. of State) JEUNE FARY OF STATE FALLAHASSEE, FLORIO;
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>(355</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 110969 Palm Bay, FL 32911
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	
	(Florida street address)
	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
	re 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	<u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	DENNY ACOSTA	560 Malabar Rd SW Apt # 202
X Add			PALM BAY FL 32907
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 01			
6) Change		_	<u> </u>
Add			
Remove			

Attach additional sheets, if necessary).	clès, enter change(s) her (Be specific)			
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f an amendment provides for an excl	nange, reclassification, o	or cancellation of issu	ed shares,	
provisions for implementing the ame	ndment if not contained	l in the amendment i	<u>tself:</u>	
GC var applicable indicate N(A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		.		
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			_	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: Joruscy 1, 2018 date this document was signed.	, if other than the
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.	II not be listed as the
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	
☐ 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.	
Signature (By a director, president or other officer fif 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 otherson signing)	
President (Title of person signing)	<u></u>