P14000063283

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COVER LETTER

TO: Amendment Section Division of Corporations	15 HAR SECNT	
NAME OF CORPORATION: VEV COMPUTER SOLUTIONS	raci	CONSTRUCTION AS
DOCUMENT NUMBER: 140000 632 83	Top R	
The enclosed Articles of Amendment and fee are submitted for filing.	4: 38	-64m
Please return all correspondence concerning this matter to the following:	75	
Victor Valderrama Name of Contact Person		
	·	
Firm/ Company		
100 40 500 69 57 Address	_	
Miami FG 33193		
City/ State and Zip Code City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)	Com	
For further information concerning this matter, please call:		
Victor VAIderrame at 186 306-1	583	
Name of Contact Person Area Code & Daytime Telephone Num	nber	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee 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 2661 Executive Center Circle Tallahassee, FL 32301		

Articles	of Amendment	15 HAR
/ / Articles o	f Incorporation	
_ LEV Com Over SOLUT	of YONS INC.	P P
Name of Corporation as currently filed with	he Florida Dept. of State)	
D14000063283		38
(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopt	is the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
	NA	The new
name must be distinguishable and contain the word "corpo," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". 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)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent STACC		of the
New Registered Office Address:	lu street address), Florida	33/43 (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appoint	tions of	the position.
Signature of New Registe	red Agent, if changing	

to

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:	, una san	ry Smart, Sr to tar Aud.	
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title CE	O Grace Fernandez	Address - 160405W 685+ Meani FC, 33193
Remove Change Add	P	-	16040 SW 665+ Mani FL, 33/93
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		- - -	

M/5. C	since fo	rnardez	- 5 hove	f be	
Presid	dent of	VeV Co.	upider 5	o/Aron	's Z
Klot	the Co	EO.			
				<u> </u>	
				,	
\					
f an amendme	nt provides for an exc implementing the amo licable, indicate N/A)	hange, reclassification, endment if not contain	or cancellation of is ed in the amendmen	sued shares, itself:	
		210			
					_

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 10+ 5v1e	
(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 east 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.	
Dated2/20/15	
Signature avail Profit	
(By a director, president or other officer – if directors officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Czrace fernandez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	