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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: PRECIOSA SOUTION, INC. DOCUMENT NUMBER: P14000070130
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Preciosa Solution Tuc Firm/Company 320 80 3T Apt 2 Address Miani beach F1 33141 City/State and Zip Code Chinoyuma @ Yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Preciosa Solutions, Inc.

15 JAN 20 PM 1:57

(Name of Corporation as currently filed with the Florida Dept. of State)
P140000 70130
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) 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 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent KENNETH Suie
320 80 5T APT 2 (Florida street address)
New Registered Office Address: MiAH: beach , Florida 33141 (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 the position.

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 D	<u> </u>						
X Remove	$\underline{\mathbf{v}}$	Mike Jones							
X Add	<u>sv</u>	Sally S	<u>Smith</u>						
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s					
1) Change	VE	2	KENNETH Svie	320 80 ST ATZ					
Add Add				MIAM: Boach 7/33141					
Remove									
2) Change									
Add									
Remove 3) Change									
Add									
Remove									
4) Change									
Add									
Remove									
5) Change									
Add									
Remove									
6) Change									
Add									
Remove									

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
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			_		
					
an amendment provides for an excl	ange, reclassifi	cation, or ca	ncellation o	f_issued sha	res.
provisions for implementing the ame	ndment if not co	ntained in t	he amendm	ent itself:	
(if not applicable, indicate N/A)					
				<u> </u>	=
			_		_

The date of each amendment(s) adoption: , if other than the 15 JAH 20 PM 1: 57 date this document was signed. Effective date if applicable: 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 (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. 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)