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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 40 OUTSOUR	ang Solutions
DOCUMENT NUMBER: P150000	47637
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	;
Name of Contact Halv Outso Firm/ Comp 201 Racque Address WOSTON FL City/ State and Z E-mail address: (to be used for future annual	urcing Solutions Jany H Club Rol, Stute N113 33326 Tip Code
For further information concerning this matter, please call:	
Tena Soto Mayor at (9) Name of Contact Person	64, 336-8276 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florid	la Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Aalo Outsourcing Sol	ution S
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P150000	47637
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co" or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florid	a street address)
New Registered Office Address:	. Ftorida
ren registred Office Mauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of Ne	ew 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Angela Mautino	201 Racquet Club Rd
Add Remove		· ·	N113 Weston, Fl 33326
2) Change	P	IRMa Soto	201 Racquet Club Rd
Remove 3)Change	S	IRMa Soto	Weston, FL 33326 201 Racquet Club Rd
Add Remove 4) Change	(E)	IRMG Soto	N113 Woston, F1 33326 201 Racquet Club Rd
Add Remove			N113 Weston, FL33326
5) Change Add	wanted the state of the state o	WEATHER TO THE TOTAL OF THE TOT	
Remove			
6) Change			
Add			
Remove			

Attach additional sheets	additional Articles, en s. if necessary). (Be s	pecific)		
				
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(f d 4	: don Communication			J -L
f an amendment provi provisions for implem	enting the amendment	t if not contained in	the amendment its	elf:
(if not applicable, i	indicate N/A)			
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				<u></u>
	<u> </u>			

The date of each amendment(s) adoption:date this document was signed.	5/28/	15	, if other than the
Effective date <u>if applicable</u> :	5 28	, , , , , , , , , , , , , , , , , , , 	date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable star	•	,
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number roval.	of votes cast for the	amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendm	nent(s) was/were suffici	ent for approval	
by(voting		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without	shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without share	eholder action and sl	nareholder
Dated 6111/2	2015		
Signature ma	at .		
(By a director, presider	nt or other officer – if d		
selected, by an incorporate appointed fiduciary by	orator – if in the hands of	of a receiver, trustee,	or other court
appointed fiduciary by	that haderary,		
	IRMA	Soto	
(Ту	ped or printed name of	person signing)	_
	rector,	Owner,	President
	(Title of persor	n signing)	