## P15000059098

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## COVER LETTER

**TO:** Amendment Section <sup>1</sup> Division of Corporations

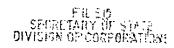
NAME OF CORPORATION: TRILOGY	SOLUTIONS GROUP INC	
DOCUMENT NUMBER: P15000059098		
The enclosed Articles of Amendment and for		
Please return all correspondence concerning	g this matter to the following:	
ALVARO BETANC	UR	
	Name of Contact Person	1
TRILOGY SOLUTION	ONS GROUP INC	
<del></del>	Firm/ Company	
12952 SW 133 CT. S	SUITE A	
· · ·	Address	
MIAMI, FL 33186		
	City/ State and Zip Code	e
albetancur@live.com		
E-mail address:	(to be used for future annual report	notification)
For further information concerning this mat	ter, please call:	
ALVARO BETANCUR	at ( <sup>786</sup>	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Depa	artment of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

TRILOGY SOLUTIONS GROUP INC



(Name of Corporation as currently filed with the Florida Dept. of State) P15000059098 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." N/A 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: N/A (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 (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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. Signature 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, **P**T as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: 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	V	SARAI C JARA	12952 SW 133 CT. STE A
Add			MIAMI, FL 33186
X Remove			
2) Change	sv	ROXANA I JARA	12952 SW 133 CT. STE A
X Add			MIAMI, FL 33186
Remove			
3 ) Change			
Add			74
Remove		•	
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			Aleskanin da i Mile Ales (Ales (Ale) (Ales (Ale) (Ales (Ale) (Ales (Ale)
Add			
Remove			

. <u>If amending or adding additional Ar</u> (Attach additional sheets, if necessary).	(Ra specific)	<u>ge(s) here</u> :			
	(De specific)				
A					
					<del></del>
					<del> </del>
<del></del>					
		·			
			***************************************		
			<u> </u>		
If an amendment provides for an exc	hange, reclassific	ation, or cancella	tion of issued shar	es,	
provisions for implementing the am	endment if not co	ntained in the am	endment itself:		
(if not applicable, indicate N/A)					
A					
					. <u> </u>
		***************************************			
······································					
					••

The date of each amendment	(s) adoption:	, if other than
late this document was signed.		F ILE CONTRACTOR
Effective date <u>if applicable</u> :	SEPTEMBER 16TH, 2015	SECRETARY OF STATE
interite date it appreade.	(no more than 90 days after a	mandment file data)
		15 SEP 21 PM 2: 12
	his block does not meet the applicable statutory to Department of State's records.	y filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of vere sufficient for approval.	otes cast for the amendment(s)
	e approved by the shareholders through voting grade for each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient for	or approval
by		
-	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without share	eholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without sharehold	ler action and shareholder
SEPT	EMBER 16TH, 2015	
Dated		
Signature(B	y a director, president or other officer - if direct	ors or officers have not been
•	lected, by an incorporator – if in the hands of a r	
ар	pointed fiduciary by that fiduciary)	
	ALVARO BETANCUR	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person sign	ning)

the

the