## P1500051098

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FALLAHASSEE, FLORIDA

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## **COVER LETTER**

10: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Trilogy Solutions (	Group, Inc			
DOCUMENT NUMB	ER:P15000059098				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
	Alvaro Betaneur				
-		Name of Contact Persor	1		
	Trilogy Solutions Group, Inc				
-	Firm/ Company				
	12952 sw 133 Ct. Ste A				
-		Address			
:	Miami, FL 33186				
-		City/ State and Zip Code	•		
albetar	neur@live.com				
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Alvaro Betaneur		786 at (	326-7375		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahasson, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

<u> </u>	(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
Trilogy Solutions Group, Inc.	#P15000059098		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of so its Articles of Incorporation:	ection 607,1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> add	opts the following amendment(s) to
A. If amending name, enter	the new name of the corporation:		
Corp. " Inc. " or Co., " or	e and contain the word "corporati the designation "Corp," "Inc," or tal association," or the abbreviation	"Co". A professional corporate	
B. Enter new principal office	e address, if applicable:		
(Principal office address <u>MUS</u>	ST BE A STREET ADDRESS )		EQ.
			T T
C. Enter new mailing addre (Mailing address MAY BE			
Citating data ess MAT DE	A TOM OF TEL BOX		<u> </u>
			## 27
	d agent and/or registered office add for the new registered office address		e of the
Na <u>me of New Registe</u>	rea Agent		
	tFlorida s	treet address)	
New Registered Office	r Address		Elocido
<u>New Registerea Chuca</u>	nagrass.	(City)	Florida(Zip Code)
	ature, if changing Registered Agen nt as registered agent. I am familiar		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:

v.v.a.h additional sheets, if necessary)

Preuse note the officer/director title by the first letter of the office title:

President: V:Vice President: T=Treasurer: S=Secretary: D=Director: TR=Trustee: C=Chairman or Clerk: CEO=Chief: I-vicinity Officer. CFO=Chief: I-financial Officer. If an officer/director holds more than one title, list the first letter of each office I-bold. President, Treasurer, Director would be PTD.

Usinges should be noted in the following manner. Currently John Doc 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.

X Change	<u>PT</u> <u>Joh</u> i	<u>ı Doe</u>	
N Remove	<u>V</u> <u>Mik</u>	e Jones	
N Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of A <u>ctio</u> n (Check One)	Title	<u>Name</u>	<u>Addres</u> s
( Change	SV	JARA, ROXANA I	12952 SW 133 CT STE A
Add			MIAMI, FL 33186
X Remove			
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	December 31, 2018	
The date of each amendment date this document was signed.	s) adoption:	, if other than the
•	December 31, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	date)
	his block does not meet the applicable statutory filing requirence Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
届 (he amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes cast for the re-sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The followard to cach voting group entitled to vote separately on the amend	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was were then was not required.	adopted by the incorporators without shareholder action and sh	areholder
	iry 4th, 2019	
DatedSignature	Alun Stur	
	ra director, president or other officer – if directors or officers ha ected, by an incorporator – if in the hands of a receiver, trustee.	
	pointed fiduciary by that fiduciary)	
	Alvaro Betaneur	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	