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COVER LETTER

TO: Amendment Section Division of Corpor			· .
NAME OF CORPOR	ATION:	Busines	Solutions, INC
DOCUMENT NUMBI	er: <u> 15000</u> 0	80281	<u> </u>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
_	Will	Name of Contact Perso	oM
		Name of Contact Perso	n
_		Firm/ Company	
_	11301 5.	Dixie Hwy	STE 565052
	_	71841433	
		City/ State and Zip Cod	256-5052 le
	E-mail address: (to be us	SIC Damail. co	notification)
For further information	concerning this matter, pleas	se call:	
William	BAlkeon	aı (<u>925</u>) 922 - 2495 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amene Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	of Corporation as currently filed wit	h the Florida Dept. of State)	6
	(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.: its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following a	mendment
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the abbrofessional corporation name must con	andarian
B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>	f applicable: **TREET ADDRESS**)		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	cable: DFFICE BOX)		
D. If amending the registered agent and new registered agent and/or the new	registered office address:		
Name of New Registered Agent	William Bolke	om	
-	113015. Dixxie Hi	NY STE 565052	
New Registered Office Address:	Mi AMi (City)	Florida <u>3325 (</u> (Zip Code	<u></u>
New Registered Agent's Signature, if ch.	anging Registered Agent:		
hereby accept the appointment as register	red agent. Lam familiar with and acc	ept 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 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 = Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 ChaMike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> J	<u>ohn Doe</u>	
X Remove	<u>v</u> <u>n</u>	dike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		John Balkcom	22644 Byron 57 Hayward, CA 94541
X Add			Hayward, CA 94541
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articolational Articolational sheets, if necessary).	(Be specific)	s) nere:				
		-		<u>_</u>		
						<u>-</u>
			_			
			<u> </u>		<u>-</u>	<u>-</u>
		<u> </u>				_
	<u> </u>					
				<u>_</u>		
					_	<u>-</u> _
·		-		_		
						<u> </u>
						
						
-						
f an amendment provides for an excha	inge, reclassificati	on, or cance	llation of is	sued shares,		
provisions for implementing the amen (if not applicable, indicate N/A)	ament if not conta	ined in the	<u>amendment</u>	itself:		
			<u>_</u>			
				_	_	
	_		_			
	_		_		-	
		_	-	<u>- </u>		
			<u>_</u>	<u>_</u>		
						
·						

The date of each amendment(s) adoption:	, if other tha
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed a
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (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 sha action was not required.	ıreholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
William Balk-com	
(Typed or printed name of person signing)	
President	
(Title of person signing)	