P15000102070

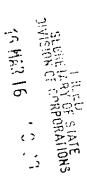
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KALEO IT SOLU	TIONS, INC.	
OCUMENT NUM	BER: P15000102070		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YULIESKY BELLO CHAV	EZ	
		Name of Contact Perso	on
	KALEO IT SOLUTIONS, IN	NC.	
		Firm/ Company	
	5077 NW 7TH STREET AP	Γ. #1515	
		Address	
	MIAMI, FL 33126		
		City/ State and Zip Co	de
yuli	esky.bello@outlook.com		
.	E-mail address: (to be us	sed for future annual repor	t notification)
or further information	n concerning this matter, pleas	832)
Name of Contact Person		Area C	ode & Daytime Telephone Number
	or the following amount made		·
\$35 Filing Fee	□\$43.75 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)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KALEO IT SOLUTIONS, INC.

(Name of Corporation	n as currently filed wit	th the Florida Dept. of State)	
P15000102070			ξ (
(Docume	ent Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Pr	rofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the cor	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A p		abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	VI		
(Muning nunress MAT BE A FOST OFFICE BOX	ν	· · ·	
		,	
·			
D. If amending the registered agent and/or registere		rida, enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	_
	(Florida street address,)	_
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and ac	ccept the obligations of the position.	
Signa	uture 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, PT 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>	Name	Address
1) Change	P	CARLOS A. CACERES	7400 W 20TH AVE APT.#209
X Add			HIALEAH, FL 33016
Remove			
2) X Change	VP	YULIESKY BELLO CHAVEZ	5077 NW 7TH ST APT. #1515
Add			MIAMI, FL 33126-3466
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
1 an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numera in any contained in the amendment itself.
••	

; '	03/01/2016	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	1/01/2016	
U. Effective date <u>if applicable</u> :	3/01/2016	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the ar	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	,,
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder acti	on and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action as	nd shareholder
03/01/20	16	
Dated		
~.	Kall Whier	
Signature	director, president or other flicer – if directors or office	ers have not been
selec	ted, by an incorporator – if in the hands of a receiver, tru	stee, or other court
	inted fiduciary by that fiduciary)	
	YULIESKY BELLO CHAVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	