## P16000001115

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	- #N
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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V HERRING MAY 1 5 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	<b>1</b> 0	Fech Solution	on Inc.
The enclosed Articles of	of Amendment and fee are so	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
-		Name of Contact Perso	n
-		Firm/ Company	
-		Address	
-		City/ State and Zip Cod	e
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 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)
Mailing Address  Amendment Section  Division of Corporations		Ameno	Address Iment Section on of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



四种 HAY -8 PM 3:01

## LATIN TECH SOLUTIONS INC.

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
	P16000001115
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new of "corporation," "company," or "incorporated" or the abbreviation on "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del></del>
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	
Sign	ature 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 <math>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)	Title	Name	<u>Addres</u> s
() Change		Mauricio Paba	143305W 155 court
Add			Hiami, Fc 33196.
Remove			
2) Change	5V	SK Consulting Partners Coop.	1603 Diplomat Dr Dorth Miani Beach, FL 33179
<b>→</b> Add			MAN Mami Deach It 1217
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Attach additio	or adding additional A onal sheets, if necessary,	). (Be specific)	,			
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<u>provisions for</u>	ent provides for an exc r implementing the am plicable, indicate N/A)	change, reclassif	lication, or cance	llation of issued s amendment itself	shares,	
						<u>.                                      </u>
	<u></u>					
		<del></del>	*			<u> </u>
	<del></del>	<del></del>				

The date of each amendment(s) adoption:	, if other than the
Effective data if applicable.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5 3 17	
Signature	
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pronted	
(Title of person signing)	