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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AOS	solutions co	· CP
DOCUMENT NUMBI	er: <u>P16000</u>	001160	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	105 50 5560 M Doral, Fl.	23/78 City/ State and Zip Code	suite lela
_	E-mail address: (to be us	etmsil. Com sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ruben	050200	at (786	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee ■	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

AOS Solutions, Co	18	
A OS Solutions, (o (Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000001		
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the corporation:		
~ / h		The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbi professional corporation name must	reviation "Corp.,"
B. Enter new principal office address, if applicable:	~/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	. / ^	
		2020
C. Paramana the cold of the late		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	~~~ ~ / A	<u>, </u>
	/ /	-0
	N/-F	
		··
D. If amending the registered agent and/or registered office address:		
Name of New Registered Agent		
Nume of New Registered Agent	.	
(Florida stre	ort address)	
New Registered Office Address: New Registered Office Address:	, Florida	(Zin Code)
· ·		(z.q) code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	sition.
	/ A	
<u> </u>	gistered Agent, if changing	
Signature of New Re	gisterea Agent, ij changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Every les			
Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Fanny Galvirla Santas	5560 NW 107 AVE
X Add			Dergi 171, 32/78
Remove			A1+0 1010
2)Change	VP	Ruben Andres orozro S.	5560 NU 107 AVR
Add			paral, F1, 73178
Remove 3) Change			Arto lulo
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	. (Be specific)	
N/A		
H/A		
· · · · · · · · · · · · · · · · · · ·		
	 	
rovisions for implementing the amo	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
N/A		
• •		
N/A		
·····		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption date this document was signed.	: 07/28/2020	, if other than the
~	H/A (no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the a for approval.	imendment(s)
	by the shareholders through voting groups. The followoting group entitled to vote separately on the amenda	•
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 27/28	8/2070	
	8/2020 ar	
Signature (By a director	president or other officer - if directors or officers have	ve not been
selected, by an	incorporator - if in the hands of a receiver, trustee, of	
appointed fidu	ciary by that fiduciary)	
	Rulan Andres Oferen S. (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	