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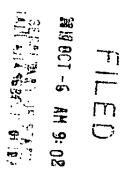
97)	questor's Name)	
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(Cit	ry/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	ON INC	<u> </u>
DOCUMENT NUMF			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PEDRO L SANTIAGO		
	****	Name of Contact Person	1
		Firm/ Company	
	222 ANSON DRIVE		
	KISSIMMEE FLORIDA 347	Address 758	
		City/ State and Zip Cod	e
tstruc	kingsantiago97@hotmail.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
PEDRO L SANTIAG	0	at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment 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 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRANS SOLUTION INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000026491	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	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	"corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
	•
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
· ·	stury of Nove Ragistaryal 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 De	<u>oe</u>	
X Remove	V	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		ENID BAEZ BENITEZ	222 ANSON DRIVE
Add		_		KISSIMMEE FLORIDA 34758
X Remove				
2) Change		_		<u></u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_	XI.3	
Remove				
remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		_
		.
	,	·
	 -	
If an amendment provides for an exclusions for implementing the ame	nange, reclassification, or cancellation indment if not contained in the amenda	of issued shares, ment itself:
(if not applicable, indicate N/A)		
		·
	.,-,	

	, 09/28/17	
The date of each amendment(s)	doption:	, if other than the
late this document was signed.		
09/ Effective date <u>if applicable</u> :	28/17	
incerve date it appreciane.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.)
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	и
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-,	(voting group)	
action was not required. The amendment(s) was/were ad	lopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
09/28/17 Dated	du Jan tiggo	
(By a select	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need tiduciary by that fiduciary)	
	PEDRO L SANTIAGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	