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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRANS SOLUTION	ONS INC			
DOCUMENT NUM	BER: P16000026491				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	PEDRO L SANTIAGO				
		Name of Contact Persor	1		
		Firm/ Company			
	2100 MAJESTIC EAGLE PI	LACE			
	Address				
	KISSIMMEE FLORIDA 347	746			
		City/ State and Zip Cod	e		
Istru	ckingsantiago97@hotmail.con)			
*	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
PEDRO L SANTIAGO		at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	nrtment of State:		
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)		
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amenc Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEÚ

2017 OCT 20 PM 4: 55

TRANS SOLUTION INC	2011 (1) 1 20 1 1 1
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000026491	- 4
(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
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	<u>RESS</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<i></i>
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
HEB MERGER VIJAG THORCES	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VΡ	ENID BAEZ BENITEZ	2100 MAJESTIC EAGLE PLACE
X Add			KISSIMMEE FLORIDA 34746
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	. (Be specific)
——————————————————————————————————————	
-	
	
	N. S. C. 1.
an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ACHIGINETE II HOV COMMUNICA IN THE MINICIPALITY.

	10/13/17	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	13/17	
in apparent.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date 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 cast for the amend afficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	ider
10/13/17		
Dated Signature	director, president or other officer - if directors or officers have no	
(By a select	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that fiduciary)	t been er court
	PEDRO L SANTIAGO	
	(Typed or printed name of person signing)	· · · ·
	PRESIDENT	
	(Title of person signing)	