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TO: Amendment Section Division of Corporations

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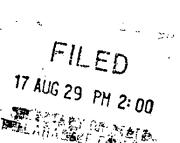
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NAME OF CORPOR	ATION: <u>676</u> ER: P160000	A SOLUTI	ONS, IN	<u>c.</u>
DOCUMENT NUMB	ER:P160000	63984		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this matt	ter to the following:	•	
	<i>V</i>	V. CHRIS 1		···-
		Name of Contact Person		_
,	6	FIGA SOL Firm/ Company	4 nons, F	WC.
	6957 UM	livensi-v	BLVO.	
·	WINTE	Address R PANK F City/ State and Zip Cod	EL 32	792
		City/ State and Zip Cod	le	
CHRIS @ GIGA SOLVES. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CHRIS	PHODEN	at (<u>407</u> Area Co	, 406	4970
Name	of Contact Person	Area Co	ode & Daytime Telep	hone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing For Certificate of St Certified Copy (Additional Copies enclosed)	atus
<u>Ma</u>	lling Address	Stree	Address	

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

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

Articles of Amendment to Articles of Incorporation



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(Name of Co	proration as currently	filed with the Fi	orida Dept. of Sta	ite)	
676A SO	LUTIONS,	INC	P16	000063984	ł
	(Document Number of	Corporation (if k	nown)		
Pursuant to the provisions of section 607,1000 its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Coi	poration adopts th	e following amendment(s	;) to
A. If amending name, enter the new name	of the corporation:				
				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, B. Enter new principal office address, if any (Principal office address MUST BE A STRE	n "Corp," "Inc," or "C " or the abbreviation "I nplicable: ET ADDRESS)	315 S Suit Boca 315 S	nal corporation no b, E. Miz E 213 RAKON, FL SE Mizn	or the abbreviation ame must contain the NEL BLVD - 33432 EL BLVO.	
If amending the registered agent and/o new registered agent and/or the new re	r registered office addr gistered office address	Boc.	a RATON	1, FL 33432 ne	2
Name of New Registered Agent		<u> </u>		 _	
	Í				
_	(Florida stre	eet address)			
		,			
New Registered Office Address:	 _	(City)	, Florie	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	d agent. I am familiar v	vith and accept th		e position.	
	Signature of New R	egistered Agent, .	ij 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.

X Change	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>PSD</u>	ERIC BUSICK	200 E. PARMETTO PALL FO
Add			#14
X Remove			BOCA RATON, FI 33432
2) Change	T	ANNA W RHODEN	4638 THORNER AD
Add Remove			ORLANDS, FL 32817
Remove 3)Change C	60 D	William CHRIS PHODEN	4638 THORNIER FOAD
Z Add	<u> </u>	WICHTER THOUSE	ORIANDO, FL 32817
Remove		4	
4) Change	P, D	CAPLA BUSICK	200 E. PALMETTO PARK R
Add			#14
Remove			BOCA RATION, FL 33432
5) Change		****	
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

(Attach additional s	dig Adding Article (iii) (Aggu) hat! theets, if necessary). (Be specific)
	MA
If an amendment provisions for im	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself;
(if not applice	able, indicate N/A)
	NA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 9/1/2017	
(no more than 90 ddys after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te 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.	s)
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/24/2017	
Signature Man	
(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 cou	n
appointed fiduciary by that fiduciary)	
William CHRIS KHODEN	
(Typed or printed name of person signing)	
CEO/DINGETOL	
(Title of person signing)	