P16000 69709

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
(***)	,	··· <i>)</i>
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SEEW SOFTWARE SULUTIONS, INC.
DOCUMENT NUMBER: P 16 0000 69709
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
DEVRY E DEWAN
CERTIFIED PUBLIC ACCOUNTANT Firm/ Company
JACKSONVII LL PL 32211-8706064 Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 725-289 Area Code & Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

SEEW SOFTWA	TRE SOLUTIONS.	INC '	
(Name of t	Corporation as currently filed with the Fl	orida Dept. of State)	
P 1600	200 69709		
	(Document Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Cor</i>	porution adopts the follow	wing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
			94
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional associatio	on "Corp," "Inc," or "Co". A profession		
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
	-	······	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/new registered agent and/or the new t		er the name of the	
Name of New Registered Agent			
_	(Florida street address)		
New Registered Office Address:		, Florida	
rew regime ex apparent cas.	(City)		Tip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered		obligations of the position	(A)
		NGEN AHAS	
	Signature of New Registered Agent, if	changing T	

Auach <i>adaitional shee</i>	additional Articles, ent	er change(s) nere.		
	s, if necessary). (Be spe	zcific)		
	<u> </u>			
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			7 - 1 - 1	

		i not contained in the	amendment itseit:	
provisions for implem	indicata M/ ()			
	indicate N/A)			
provisions for implem	indicate N/A)			
provisions for implem	indicate N/A)			
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provisions for implen	indicate N/A)			
f an amendment prov provisions for impler (if not applicable,	indicate N/A)			
provisions for implen	indicate N/A)			
provisions for implen	indicate N/A)			

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

Mike Jones, V as Remo	ve, and Sal	ly Smith, SV as an Add	
Example: X Change	<u>PT</u>	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) Na Change	DiR	MARQUEZ É.	GON ZALEZ
Add			2040 CHAUCER LANG
X Remove			2040 CHAUCER LANG Punte Vedra, FL 3208
2) Change	DiR	EDUARDO N	MARQUE Z
X_ Add			2040 CHAUCER LANC
Remove			2040 CHAUCER LANE PONTE VEDRA, FL.
3) Change			32081
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

The date of each amendment(s) adoption: $8/29/3017$. if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
(voting group)
☐ 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
Signature S/24/17 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)
Pope
(Title of person signing)