P16000079350

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INDMA SOLUTION	ONS INC	
DOCUMENT NUMB	ER: P16000079350		
	of Amendment and fee are su	bmitted for filing,	
Please return all corres	pondence concerning this ma	tter to the following:	
	GABRIEL A MEJIAS		
-		Name of Contact Person	1
-		Firm/ Company	
-		Address	
	15730 NW 7TH AVE APT L	. MIAMI FL 33169	
-		City/ State and Zip Code	
gabrie	lmejias88@gmail.com		
		ed for future annual report	notification)
For further information	conecrning this matter, pleas	e call:	
(1,000		
Gabriel A Mejias	Sam + 0	at (_) 227-9230
Name o	f 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	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)
	ing Address		Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED Secretary of State Division of Corporations

2017 MAR 16 AM 1: 04

INDMA SOLUTIONS INC	
	on as currently filed with the Florida Dept. of State)
P16000079350	
(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 con	rporation:
	The new d'"corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "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 ADD	
(1) meipu ojjace umress <u>mest be trottella tibe</u>	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>
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 am familiar with and accept the obligations of the position.
Signe	ature of New Registered Agent, if changing
2.6/10	The state of the 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Т	FRANCISCO RIVAS	734 SW 4TH STREET # 6
Add			MIAMI, FL 33160
x Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
A	
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· · · · · · · · · · · · · · · · · · ·	
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

	03/01/20	017	
The date of each amendment(s) ad date this document was signed.	doption:		, if other than the
	01/2017		
Effective date <u>if applicable</u> :	(no r	more than 90 days after amendment file do	ute)
Note: If the date inserted in this be document's effective date on the De		et the applicable statutory filing requirements records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK	ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su		nolders. The number of votes cast for the a	mendment(s)
		eholders through voting groups. The follow o entitled to vote separately on the amenda	
"The number of votes cast	for the amendment	t(s) was/were sufficient for approval	
by	(voting gro	37	
	(voting gr	oup)	
The amendment(s) was/were add action was not required.	opted by the board	of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorp	porators without shareholder action and sha	reholder
03/01/ 20 17			
Dated			
	am mi	56	
		or other officer – if directors or officers have	va not been
		tor – if in the hands of a receiver, trustee, α	
	ted fiduciary by tha		
	GABRIEL A ME	CHAS	
	(Typed	d or printed name of person signing)	
	PRESIDENT		
		(Title of person signing)	