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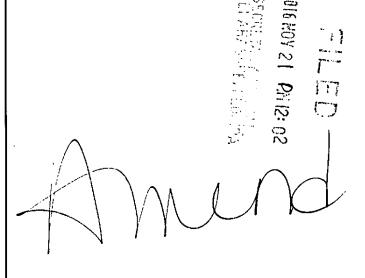
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PYO City	< SOlution	is Inc.
DOCUMENT NUMB	er: <u>P160000</u>	085242	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	Priel C Pro air 9000 NW Miami, Fr	Name of Contact Person Solution Firm/ Company 32 Address Address City/ State and Zip Code	Inc.
<u>g</u> L	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Anel G	OY V 10 f Contact Person	at (<u>786</u> 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	□\$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)
Mail	ing Address	Street	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

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		Articles of Incom	rporation	The state of the s
DrA		of .	- ~ ^	
PIU	<u>air</u>	SOLUTIONS	<u>+11C.</u>	
	(Name o	of Corporation as currently	filed with the Florida Dept. of	State)
	D1600	YXXX95 24	2	.,7
		(Document Number of C	Corporation (if known)	
rsuant to the provisi Articles of Incorpor		1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment
. If amending name	e, enter the new na	me of the corporation:		
		NIA		The new
Corp.," "Inc.," or \overline{C}	Co.," or the design	tain the word "corporation, ation "Corp," "Inc," or "C tion," or the abbreviation "P	" "company," or "incorporate o". A professional corporation A."	name must contain the
Enter new principal office addr		<u>if applicable:</u> TREET ADDRESS)	NA	
Enter new mailin (Mailing address p	ig address, if appli MAY BE A POST (N/A	
		d/or registered office address:	ss in Florida, enter the name of	f the
Name of New	Registered Agent	Ariel G	orrin	
		9000 NW (Florida stree	32 AVC.	
<u>New Register</u>	ed Office Address:	miami "	, Flo	rida 33147 (Zip Code)
		hanging Registered Agent: ered agent. I an familiar wi	th and accept the obligations of	the position.
		Cianatura a May Ba	oistered 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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
i) Change	NP	Angel Gorrin	9000 NW 32A		
Add			miami, 71, 33 14		
Remove			-		
2)Change		_			
Add					
Remove					
3) Change		· · · · · · · · · · · · · · · · · · ·			
			·		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove			: /		

· If amending or adding (Attach additional sheet	additional Art s, if necessary).	ticles, enter cha (Be specific)	nge(s) here:			
		<u> </u>				
		NI				
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		,				
If an amendment prov	enting the am	hange, reclassif endment if not c	<u>Teation, or cane</u> contained in the	ellation of issue amendment it	ed shares, self:	
(if not applicable,	inaicaie N/A)					
	/	AL				
	1	` /)				

The date of each amendment(s) adoption:
Effective date if applicable: NOVEW 15, 2016. (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
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
(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)
President. (Title of person signing)