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## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TIERRA PROS SO	DLUTIONS, INC			
DOCUMENT NUMBI					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
3	MARIET OSTOS				
_		Name of Contact Person	1		
	SUCCESS BUSINESS SOL	UTIONS			
_	Firm! Company				
2751 S CHICKASAW TRAIL # 106					
_		Address			
(	DREANDO, FL. US 32829				
-		City/ State and Zip Cod	<u> </u>		
PAYROLL@MARIETOSTOS.COM			·		
<del></del>	E-mail address: (to be us	sed for future annual report			
For further information  MARIET OSTOS	concerning this matter, pleas		745-4684		
Name o	Contact Person	at ( Area Co	745-4684 de & Daytime Telephone Number		
	the following amount made				
S35 Filing Fee	☐S43.75 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)		
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301		

## Articles of Amendment to Articles of Incorporation of

TIFRRA	PROS	SOL	UTIONS	INC
	-1000	- TU / II.	11111111111	1.7.1

(Name of Corporation as currer	ntly filed with the Florida Dept. of S	tate)
P17000046207		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation;	is Florida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation.	" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>	
		# D
	<del></del>	<u> </u>
C. Enter new mailing address, if applicable:	N/A	35 P M
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	· · · · · · · · · · · · · · · · · · ·	P P D
		79. 72. T
D. If amending the registered agent and/or registered office ad	idress in Florida, enter the name of	the
new registered agent and/or the new registered office addre		<del>_</del>
Name of New Registered Agent MA		
(Florida )	street address)	<del></del>
New Registered Office Address: P/A	. Flor	rida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt.	
I hereby accept the appointment as registered agent. I am familia	m. w with and accept the obligations of th	he position,
Signature of New	v 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.

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>	<u>Addres</u> s
1) Change	V	DESIREE FERRER	301 STILLWATER DR
X Add			OVIEDO, FL 32765
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	,
	_
-	
<u> </u>	
? I6	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
-	

The date of each amendment(s) adop	ption: 11/30/2017	, if other than the
date this document was signed.		
Effective date if applicable:	/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date virtuent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	wed by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
11/30/2017 Dated		
Signature	abrice - Ferrer	
(By a dire selected.	retor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
1	FABIAN FERRER	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
_	(Title of person signing)	