## P17000068616

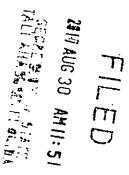
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	SUN OF SOLOR	MON. INC.		
DOCUMENT NUMBER:	P17000068616			
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matt	ter to the followir	ıy:	
M	ARTIN T. PETTIT			
		Name of Conta	act Person	
TR	TRANSNATIONAL MANAGEMENT SERVICES, INC.			
<del></del>	Firm/ Company			
385	51 WEST STATE R	OAD 84 #202		
	Address			
FO	RT LAUDERDALE	E, FLORIDA 333	12-8818	
		City/ State and	Zip Code	
man	tintpettitjd@gmail.co	om		
	il address: (to be use		al report n	otification)
For further information concerning			323	244-9319 .) e & Daytime Telephone Number
Name of Contact	Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made p	ayable to the Flor	rida Depar	tment of State:
~	3.75 Filing Fee & rtificate of Status	□\$43,75 Filing Certified Cop (Additional co- enclosed)	y	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		Division Clifton I 2661 Ex	nent Section of Corporations

## Articles of Amendment to Articles of Incorporation of

SUN OF SOLOMON, INC.

301 01 301	ECHAROIN, IINC.		
(Name of Corporation as curren	ntly filed with the Florida Dept	, of State)	
P1700006	68616		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation ad	opts the following amendment(	s)
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 corpora	rated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address N/A  Name of New Registered Agent		28 17 AUG 30 AM 1: 51	 
(Florida	street address)		
N/A New Registered Office Address:		Florida	
New Registered Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations	of the 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.

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)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P,T	ARTHUR PORTO PERPETUO	QI 9 Conjunto R, Casa 95
Add			GUARA I
Remove			Brasilia - DF 71020-188 BR
2) Change		<u> </u>	
Add			
Remove			
3 ) Change		_	-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
N/A		
		_
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares,	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment	s) adoption:	, if other than the
date this document was signed.	A.,	
Effective date if applicable:	August 15th, 2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
DatedSignature(B	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	/Martin T. Pettit	
	(Typed or printed name of person signing)	
	Incorporator, Secretary	
	(Title of person signing)	