P190000 13090

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City	/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:





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S TALLENT



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: DARK HORSES	OLUTIONS, INC			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are so	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	JON EKEROTH				
		Name of Contact Person	l		
	DARK HORSE SOLUTION	SS, INC.			
		Firm/ Company			
	123 JAMAICA DRIVE				
	Let's	Address			
	COCOA BEACH, FLORID	A 32931			
		City/ State and Zip Code	•		
jeker	oth(a,petesws.com				
	· · ·	sed for future annual report	notification)		
	`	•			
For further information	n concerning this matter, plea	se call:			
JON EKEROTH		at (218	269-4700 de & Daytime Telephone Number		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	2 \$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div	iling Address endment Section ision of Corporations . Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

١	n.	۸	R	k′	140	ΣR	\$1	. 1	SO	ш	l i'i	TO	21/	INC.
ı		٠,	11	· `		., 17				1		13.7		1111.

(Name (f Corporation as currently	filed with the Florida Dept. of	State)	
P190000"	73090			
,	(Document Number of C	orporation (if known)		<u> </u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corporation adopts	s the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:		Th	e new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ain the word "corporation, ation "Corp," "Inc," or "Co	". A professional corporation	d" or the abbro	viation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		N/A		
			(A) 5	701 q
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		N/A		2
		-	45 -	
D. If amending the registered agent an new registered agent and/or the nev		s in Florida, enter the name of	rri (.
Name of New Registered Agent	JON EKEROTH			
Name of wen negative agent	Currently JONATHON EKI	EROTH was a typo		
	(Florida street	address)		
New Registered Office Address:	N/A	. Flo	rida	
	W.	(ty)	(Zip Code	,
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		h and accept the obligations of i	the position.	
	Aon Eheroth			
	Signature of New Reg	istered gent, 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: XChange	<u>PT</u>	John Do	<u>e</u>		
X Remove	\underline{Y}	Mike Joi	<u>ies</u>		
X Add	<u>SV</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_		-	
Add					
Remove					-4
4) Change	<u>.</u>	_			
Add					
Remove					
5) Change					
Add		_		-	
Aud Remove				•	
Kelliove					
6) Change		_		-	
Add					
Remove					

Attach additional s	ling additional Artic neets, if necessary).	(Be specific)				
	NIA					
		TRY BU				
					<u>.</u>	
					<u>. </u>	
			_			
						
	rovides for an excha lementing the amen				ires,	
(if not applica	ble, indicate N/A)	1				
		NA				_
		,				
			-			
				·		

The date of each amendment(s) ac date this document was signed.	loption:, if other than
Effective date <u>if applicable</u> :	11 22 19
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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 ade action was not required.	pted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated/	Jan Ekenth
(By a d selected	rector, president or other officer – if directors or officers have not been It by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JON EKROTH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the