P190000 86638

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LISARTHENT OF STATE , LISIUM OF CORPORATION WILLAHASSES, FLORES

MAR 0 4 2020 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: BIBOSI SOLUTION	ONS INC	
DOCUMENT NUME	P19000086638		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA C MENACHO		
		Name of Contact Person	······································
	BUSINESS MIND SOLUT	IONS CORP	
		Firm/ Company	
	8860 SW 123 CT APT K30		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33186		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	mcmenacho@comcast.net		
	E-mail address: (to be us	sed for future annual report	notification)
F 6		II.	
For further information	n concerning this matter, pleas	se can:	
MARIA C MENAC	НО	305	776-9159
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

RIROST	SOL	PROPER	DYC

DIDOSI SOLO FIONS INC.		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P19000086638		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	nt(s) t
A. If amending name, enter the new name of the corporation:		
CAPRA IMPACT SOLUTIONS INC.	The new	
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	Alu	
(Principal office address MUST BE A STREET ADDRESS)	2079	
		7
	<u></u>	<u>:</u>
C. Enter new mailing address, if applicable:		F:=4
(Mailing address MAY BE A POST OFFICE BOX)	N/A SGE	11
		J
	<u></u>	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
(Florida s	street address)	
New Registered Office Address: N (A	F1. : 1	
New Registerea Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.	
.(n		
N/A Signature of New	Registered Agent, if changing	
Signature ty New	negative rigent, ij enunging	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11	I) (e), F.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	PΓ	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	N/A		
Add			
Remove			
2) Change			-
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	
·	
· -	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
υ[A	
·	

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The date of each amendment(s) ad	option:			if other than the
date this document was signed.		المالية المستومون في المستوم		_
01/01	/ 2020	· ; · à5		
Effective date if applicable:	(no more than 9	0 days after amondme	nt file date)	rapiti da part
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Note: If the date inserted in this bidocument's effective date on the Dep	partment of State's records.	caple semiory must	édimemento, mis rièm Ai	m this he miterior and
Adoption of Amendment(s)	(CHECK ONE)		•	
The amendment(s) was/were ado	pted by the incorporators, or	board of directors with	out sharebolder action af	id shareholder
action was not required.		· · · · · · · · · · · · · · · · · · ·	,	Z
☐ The amendment(s) was/were ado	nted by the shareholders. Th	e number of votes cast	for the amendment(s)	* *
by the shareholders was/were su	fficient for approval.			
	مله حجاله المحمد المراه المراه المراه	airah vásla a airáinia - s	he following statement	
The amendment(s) was/were app must be separately provided for	roved by the shareholders this each voting group entitled to	rough voung groups. vote separately on the	camendment(s):	4
		•		1
The number of votes cast	for the amendment(s).was/w	ere sufficient for appro	ival	
by				
	(voting group)	7 - 4 7 - 43 7 - 43	the state of	* * * * * * * * * * * * * * * * * * * *
		/	• • • • • • • • • • • • • • • • • • • •	•:
01/24/202 Dated	20			,
Dated	mun		0	•
Signature	unun	mmi	<u> </u>	• • • • • • • • • • • • • • • • • • •
/Più a di	irector, president or other off d, by an incorporator - if in t	icer - if directors or of	ficers have not been	
appoint	ed fiduciary by that fiduciar	y) _*		
	CAROLA CAPRA			
	(Typed or printed	d name of person signi	08)	
ا من المنظم ا المنظم المنظم المنظ	PRESIDENT	Samuel Samuel	4	44
	(Title of person s	igning)	VIII AND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			58457	3. 7
			The style of	