

PA000087290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

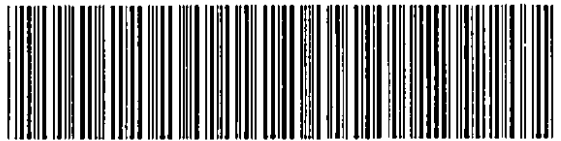
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 21 11:10:10

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20 JAN 21 AM 9:25

Shelby County, TN
Tennessee State Court



JAN 22 2021



Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105Soluciones

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

**Company: Soluciones Financieras Y Technologicas Colombia SAS
(P19000087290)**

Requester:



**Department of State
Division of Corporations**

**Stealth Courier LLC
1531 Commonwealth Business Dr.
Ste 105Soluciones
Tallahassee, Fl. 32303
850-294-5632**

Stealth Courier Box

**Company: Soluciones Financieras Y Technologicas Colombia SAS
(P19000087290)**

Requester:

Articles of Amendment
to
Articles of Incorporation
of

SOLUCIONES FINANCIERAS Y TECNOLOGICAS COLOMBIA SAS PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000087290

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SOLUCIONES FINANCIERAS Y TECNOLOGICAS COLOMBIA SAS INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5550 GLADES ROAD.

#300

BOCA RATON, FL 33431

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida



(Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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:

☒ Change

PT John Doe

☒ Remove

V Mike Jones

☒ Add

SV Sally Smith

Type of Action
 (Check One)

Title Name

Address

1) ☐ Change

P MARTINEZ, JUAN C

9907 THREE LAKES CIRCLE
 BOCA RATON, FL 33428

☒ Add

☐ Remove

2) ☒ Change

S FRANCO, WALTER

19712 DINNER KEY DRIVE
 BOCA RATON, FL 33498

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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 SEVEN LAKES
 BOCA RATON, FL 33498

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Sec of State
1411 1st Floor
Harrisburg, PA 17105

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 _____
(voting group)"

Dated

January 20, 2020

Signature

(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)

WALTER FRANCO

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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SECRETARY OF STATE
FALLS CHURCH, VA 22046

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