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SECRETARION STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOLUTIONS FIRE	ST PONCE CORP	
	BER: P24000049648		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROSI LUCE ALVES		
		Name of Contact Persor	1
TRUST SOLUTION TAX & BOOKKEEPING LLC			
Firm/ Company			
	7031 GRAND NATIONAL I	DR SUITE 111	
		Address	
	ORLANDO, FL 32819		
		City/ State and Zip Code	
	LEGAL@TRUSTSOLUTIO	NTAX.COM	
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		
ROSI LUCE ALVES		at (_)
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOL	$\pm 11T$	TONS	FIRS	r POt	NC F	CORP

(<u>Name</u> c	of Corporation as current	ly filed with the Florida Dept. of State)
P24000049648		
-	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	"orp," "Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
		. 1
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST)		N/A
). If amending the registered agent an		ress in Florida, enter the name of the
new registered agent and/or the new	w registered office address	ress in Florida, enter the name of the 200 200 200 200 200 200 200 200 200 20
Name of New Registered Agent	N/A	20 IL
		元为 是 0
	(Florida st	rect address)
None Borrison of OB or College		5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
New Registered Office Address:		, Florida (City) (Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
	Signature of New F	Registered Agent, if changing
Chack if applicable		

Check if applicable

 \square 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.

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>	<u>Addres</u> s
1) Change	S	Anna Gabriella Salgado Ponce	7031 GRANDNATIONAL DR SUITE 111
X Add			ORLANDO, FL 32319
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 Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)
PLEASE FOR ADDITIONAL EIN 99-4432487.
THANK YOU.
E. If an amond ment provides for an evolution of an allegation of a superlation of issued shares.
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)

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment file	dates
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require repartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for thufficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for reach voting group entitled to vote separately on the amer	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	.	
	(voting group)	
Dated08/13/20	24	
Signature Apple 140	del 15 ale not 8 program as 14, 2021 16, 35 CD F	
(Ву а	lirector, president or other officer – if directors or officers	
	ed, by an incorporator – if in the hands of a receiver, truste	e, or other court
appor	nted fiduciary by that fiduciary)	
	Anna Gabriella Salgado Ponce	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	_