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COVER LETTER

TO: Amendment Section

Division of Corporations					
DOCUMENT NUMBER: P24000 5 3869					
DOCUMENT NUMBER: P240000 5 3869					
the enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Keyla Cruz					
Vianny Solutions CORP					
Kyla Cruz Name of Contact Person Vianny Solutions CDRP Firm/ Company 14920 Huntclift Park Way Address					
Address Orlando H 32824 City/ State and Zip Code					
E-mail address: (to be used for future annual seport notification)					
For further information concerning this matter, please call:					
Keylo Cru2 at (407) 693 - 5051 Name of Contact Person Area Code & Daytime Telephone Number					
Ngine of Contact reison Area Code & Daytine Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

to	nument
Articles of Incorp	ocration
Vianny 50U (Name of Corporation as currently fi	I HONS CORP.
<u> </u>	
(Document Number of Ct	Siporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 770063 Orlando +1 32817
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent P. D. Boy. 170	oolo A A A A A A A A A A A A A A A A A A
OttoAclo H.	3.28 17 address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby 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 = ChiefExecutive 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	PT John Do	<u>્</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
X Add	<u>SV</u> <u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Luz C Rodriguez	7901 44h 51 Suit 300 St Petersburg 71 33702
<u> </u>			31 Petersburg 71 33702
Remove 2) Add	CEO/P D/S	Keyla Cruz	7901 44h St Suite 300 St Petersburg H 33702
Remove 3) Change			
Add Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
Add			
Remove			
6) Change	•		
Add			
Remove			

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an amendment pro	vides for an exchang menting the amenda	ge, reclassification	, or cancellation of sed in the amendm	<u>fissued shares,</u> ent itself:	
(if not applicable	, indicate N/A)	ment in not comman	itto iii iii iii iii ii ii ii ii ii ii ii i	<u> </u>	
11/4		•			<u></u> -
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The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	
tho more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	offling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by <u>Incorporator</u>	
(voting group)	
Signature (By a director, president of other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that tiduciary)	ors or officers have not been ecciver, trustee, or other court
Keyla Cruz (Typed or printed name of person	on signing)
CED	
(Title of person signing)	