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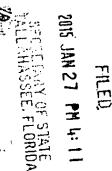
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1/28/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	<u>L</u>	A M	Solutions	, Inc.
DOCUMENT NUMBER:	79401	0002391	9	
The enclosed Articles of Amendment	and fee are subm	nitted for filing.		
Please return all correspondence conce	erning this matte	r to the following	; :	
·	Brad	. Huske	et Person	
	Ld	Firm/ Com	otions, In	<u>. </u>
	801 h	<u>Jest Bau</u> Address	oany Dr., Svi	te 203
Largo EL 33770 City/ State and Zip Code				
E-mail add	BHuske lress: (to be used	I for future annua	olinc. com	
For further information concerning thi	s matter, please	call:		
Brad Huskey Name of Contact Perso		at (-}	27) <u>44</u>	7 - 5344
Name of Contact Perse	n	•	Area Code & Daytime	Telephone Number
Enclosed is a check for the following a	imount made pa	yable to the Flori	da Department of State	: :
	filing Fee & te of Status	□\$43.75 Filing Certified Copy (Additional copenclosed)	Certificate	e of Status Copy al Copy
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation

	of	· ·	FILED.
L & M Sol	Wins, Inc	2015 121	120,
(Name of Corporation as currently	y filed with the Florida	Dept. of State y JA	451 bh #: 11
1940000		SECRE	ARY OF STATE
(Document Number	of Corporation (if know	n)	ISSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered." "professional association." or to	orp," "Inc," or "Co".		rated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
	_		
			<u>. </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	POV.		
(matting tauress MAT BE A TOST OFFICE I	<u></u>		
			
	-		
D. If amending the registered agent and/or registered agent and/or the new registered		Florida, enter the nam	ne of the
Name of New Registered Agent			
	···		
	(Florida street add	ress)	
New Registered Office Address:		. Florida	
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
New Registered Agent's Signature, if changing R	Pagistared Agents		
I hereby accept the appointment as registered agen-		d accept the obligation:	s of the position.
Signature of	New Registered Agent,	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: X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>PSD</u>	Anovska Morritt	1660 Chase Landing War Winter Park, GC 32781
2) Change Add Remove	<u>OTV</u>	Christophen Johnson	1705 Kennedy Pt Oviedo, 62 32765
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	-

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature 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)	
appointed inductary by that inductary)	
Anorska Morritt	
(Typed or printed name of person signing)	
President	
(Title of person signing)	