798000070995

(Requestor's Name)
(Address)
(/ Noticess)
(Address)
(City/State/Zip/Phone #)
(Onylotate/Ziph Hone II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600301065326

07/10/17--01006--005 **85.00



10.1 1 1 10.7

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

BIT JUL 10 M B 40 NAME OF CORPORATION: A.H. Commercial, Inc. P98DDOD DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Lefler Name of Contact Person A.L. Commercial Inc. Firm/ Company 5023 N Florida Ave Address Tampa FL 33603 City/ State and Zip Code anthony@alcommercialinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony Lefler Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

A.L. Commercial, Inc.





P98000071995

(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of	the corporation:	
		The new
	"Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if appl	f applicable:	5023 N Florida Ave
(Principal office address MUST BE A STREE		Tampa FL 33603
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5023 N Florida Ave
		Tampa FL 33603
D. If amending the registered agent and/or re	egistered office add	ress in Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent		
	Harida et	reet address)
5023	N Florida Ave Tam	33603
New Registered Office Address:		Cityr (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		
	Signatures of Vanc	Qualitative of Against it observations

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 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>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action	Title	<u>Name</u>	<u>Addres</u> s			
(Check One) 1) Change	S	Manuel R Barbon H	5023 N Florida Ave			
X Add			Tampa FL 33603			
Remove						
2) Change						
Add						
Remove						
3 } Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove			·			
6) Change		_				
Add						
Remove						

Attach <i>additional sh</i>	ing additional Article. eets, if necessary). (Be specific)			
					
					
lf an amendment pi	rovides for an exchan	ge, reclassification.	or cancellation of	issued shares,	
provisions for imp	lementing the amendr ble, indicate N A)	ment if not containe	ed in the amendme	<u>nt itself:</u>	
			· -		
·					•
			-	· · · · · · · · · · · · · · · · · · ·	
_,					

	June 18, 2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Ju Effective date <u>if applicable</u> :	ly 1, 2017	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	der
June 16, Dated	2017	
Signature	1041	
selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Anthony Lefler	
	(Typed or printed name of person signing)	
	Chairman of the Board & President	
	(Title of person signing)	