## N190000 10796

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Species in Guadana to 1 ming Smooth.

Office Use Only



400336465444

11/05/13--01008--013 →€35.00

19 NOV -5 AM 8: 4.5

T SCHPOEDER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:			
N19000010796 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
LYNETTE A IRIZARRY-RAMOS.			
	(Name of Contact Per	son)	·
AILC INC			
	(Firm/ Company)	<u>-</u>	
4301 HILO ST			
	(Address)		
ORLANDO. FL 32822			
	(City/ State and Zip C	ode)	
ailcmoreinto@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification	)
For further information concerning this matter, please of	call:		
LYNETTE AIRIZARRY-RAMOS	ti:	407	929-3277
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida D	epartment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee scate of Status sed Copy scional Copy is sed)
Mailing Address  Amendment Section  Division of Corporations	Am	eet Address endment Secti ision of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AILC INC

(Name of Corporation as current N19000010796		,	
			-
(Document Numb	er of Corporation (if kno	own)	
ursuant to the provisions of section 617,1006. Florida Statuto mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following	g
. If amending name, enter the new name of the corporat	<u>ion:</u>		
		The new	
ame must be distinguishable and contain the word "corpora	tion" or "incorporated"		
Company" or "Co." may not be used in the name.	,	16	
		<u> </u>	5-
Enter new principal office address, if applicable:			- 1 
Principal office address <u>MUST BE A STREET ADDRESS</u>	)		• • • •
		<u> </u>	-
		- <del></del>	_
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			-
		•	-
			-
<ol> <li>If amending the registered agent and/or registered offi</li> </ol>		enter the name of the	
new registered agent and/or the new registered office a	<u>iddress;</u>		
Name of New Registered Agent:			
Nume of New Neglatered Algent.			-
			_
N D : 100 11	(Flo	rida street address)	
<u>New Registered Office Address:</u>			
		, Florida	
<del></del>	(City)	(Zip Code)	-
	•	•	
lew Registered Agent's Signature, if changing Registered			
hereby accept the appointment as registered agent. I am fa	miliar with and accept t	he obligations of the position.	
	Signature of New Registe	red 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 X Remove X Add	$\underline{V}$ $\underline{Mik}$	n Doe te Jones ty Smith	19 NOV -5
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address I I I
1) Change	VP	SANCHEZ, RAFAEL	2858 MIDDLETON CIR 63
Add			KISSIMMEE, FL 34743
X Remove			-
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)					
	, <del></del>				
<del></del>		- <del>-</del>		_	
<u> </u>	<u>.                                    </u>				
			:	ŝ	
			-::	VOH VOH	
·	···	<del>_</del>	··		
		- <u>-</u>		2	
			<u>.</u>	<u> </u>	į
			= :	<u> </u>	
			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<del></del>	
			2*		
			<del>-</del> -		
			·		
			<del></del>	_	
			<u> </u>		

The date of each amendment(s) adoption:	if other than the
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 tiling requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
(Typed or printed name of person signing)  President	
(Title of person signing)	-