## N24000009314

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Able and Capable S	olutions Inc					···-
DOCUMENT NUMBER: _	N24000009314						
The enclosed Articles of Am	endment and fee are sub	omitted for filing.					
Please return all corresponde	ence concerning this mat	ter to the following					
Joe T Butler							
· · · · · · · · · · · · · · · · · · ·		(Name of Contact	l Person)				
	<del> </del>	(Firm/ Comp	any)				<del></del> -
11016 Sailbrooke Dr							
		(Address	)				
Riverview, FL 33579							
	·	(City/ State and Z	ip Code)				
jbutler@ablecapablesolution	is.com						
E	-mail address: (to be use	d for future annual	report not	ification	1)	<del>-,</del>	
For further information conc	erning this matter, please	e call;					
Joe T Butler			813 at		400-3906		
	Name of Contact Persor	1)		Code)	(Daytime Tele	ephone Number	•)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florid	da Departn	nent of S	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	SECKE AND - 6	ı
P.O. Box 6	nt Section f Corporations			nt Secti of Corpo re of Ta Monroe	rations allahassee Street, Suite	SSEE SSEE	

## Articles of Amendment to Articles of Incorporation of

Able and Capable Solutions Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000009314

(Document Number of Corporation (if known)

N2400009314	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora-	tion:
n/a	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a ( )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
•	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
Name of New Registered Agent:	<del></del>
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	
S	Signature of New Registered Agent. if changing SEE, FL 8: 29

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	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	Mathews, Leola A	11016 Sailbrooke Dr Riverview, FL 33579
2) Change Add	<u>S</u>	Streeter, Nicole	9881 Morris Glen Way Tampa, FL 33637
xxx Remove 3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove  5) Change Add	<del></del>		
Remove 6) Change Add			SE ST. L. A.
E. If amending or adding (attach additional sheet)		icles, enter change(s) here: (Be specific)	6 AH 8: 29  AN OF STATE  ANSSEE, FL

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			SEUL IA TALLAH	F- 1
The date of each amendment() date this document was signed.	s) adoption: 10/01/2024		ASSEE, FL	other than the
	10/01/2024	ys after amendment file date)	STATE	œ 🗘

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

adop	ted by the bo	ard of directors.  10/31/2024
	Dated	
	Signature	(100 Abrill
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Jac T BUHL
		(Typed or printed name of person signing)
		President/CEO
		(l'itle of person signing)

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