## P04000104675

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ACCO GOOD 104675
DOCUMENT NUMBER: 10100107013
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALDO A. GARRIA
Name of Contact Person  AUDO GROUP INC
2951 SW 39TH ANC
HIZMI Fe 33/34.
City/ State and Zip Code
aldes @ aldes TV
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALDO A GARLIN al 305, 987 3536
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\sum \\$43.75 Filing Fee & \sum \\$\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
enclosed) (Additional Copy
is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**  SECRETARY OF STATE
DIVISION OF CORPORATIONS

^	_ 0	f	N 30 PM 12: 53
400	GROUP INC	14 30	# 20 (title -
(Name of Cor	poration as currently filed with the	Florida Dept. of State)	
	P0400010	4675	
	(Document Number of Corporation	(if known)	11
Pursuant to the provisions of its Articles of Incorporation:	section 607.1006, Florida Statutes, this	s Florida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter	the new name of the corporation:		
	·		The new
"Corp.," "Inc.," or Co.," or		on," "company," or "incorporated" "Co". A professional corporation n. "P.A."	
		2951 SW 3	977+ Ava
B. Enter new principal office (Principal office address MU)	ce address, if applicable: IST BE A STREET ADDRESS )	MIANI TO Z	3134
			<u>'''                                  </u>
	•	- <u>·</u>	· · ·
C. Enter new mailing addr (Mailing address MAY B	ess, if applicable: E A POST OFFICE BOX)	1951 SW 3 MIAMI FL 3	9th Ave
		MIAMIFE 3	3/34
			· · ·
D. If amending the register	ed agent and/or registered office add	dress in Florida, enter the name of the	<u>1e '</u> .
new registered agent and	Nor the new registered office addres	<u>ss:</u>	Sun testa in the
Name of New Registe	ered Agent HOO 4.	CARCIA	
	nation 5	treet address) 27th 1 20	121
New Registered Offic	ce Address: 295/SW 3	77117 PIVE , Florida <u>99</u>	p Code)
	•	,	
Now Dogistand Amenda Sim			
I hereby accept the appointme	nature, if changing Registered Agen ent as registered ogen. I an familiar	it: with and accept the obligations of the	position.
_	Sigle	ea )	
	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	PT	John D	oe			
X Remove	<u>v</u>	Mike J				,
X Add	<u>sv</u>	Sally S				•
Type of Action	<u>Title</u>	Daily 5	<u>Name</u>			<u>Addres</u> s
(Check One)	<u>۱۱۱۱۰۰</u> سرصل			٨	0.5	
1) Change	11	_	ALDO	A.	GARLIN	2951 SW 39THAVE
Add		•				Mami FL 33/34
Remove						
2) Change		_				
Add						
Remove				,		
3) Change	•	•		, ;	. ,	
· :		_		• •		
Add		,		•	•	
Remove						
4) Change		_	7			
Add						· · · · · · · · · · · · · · · · · · ·
Remove						
🗀						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

(Attach additional sheets, if necessary). (Be specific,	)
****	
	· · · · · · · · · · · · · · · · · · ·
·	
	·
If an amendment provides for an exchange, reclass	ification or cancellation of insued shows
provisions for implementing the amendment if not	contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

	:: 06.20.2014.	SECRETARY OF STATE SUBJECT OF CORPORATION OF CORPOR	Z ŌN♥
The date of each amendment(s) adoption date this document was signed.	- 00 00 001	44 1011 20 PM 12: F	_, if other than the
Effective date if applicable:	06.20.2014.	Tr JOH DE CHIE	, •
	(no more than 90 days after amend	ment file date)	_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes c for approval.	ast for the amendment(s)	
	by the shareholders through voting groups.  oting group entitled to vote separately on		
"The number of votes cast for the	amendment(s) was/were sufficient for app	roval	
by		)) 	
· ·	(voting group)		
The amendment(s) was/were adopted by was not required.	$\gamma$ the board of directors without shareholder.	er action and shareholder	
ine amendment(s) was/were adopted by action was not required.	the incorporators without shareholder act	ion and shareholder	
DatedO	2014.		
Signature	Kaegee )		<del>.</del> .
	president or other officer - if directors or incorporator - if in the hands of a receive		
	ciary by that fiduciary)		
· · · · · · · · · · · · · · · · · · ·	ALDO A G	Aprin	
•	(Typed or printed name of pers	son signing)	•

(Title of person signing)