

P05000123544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

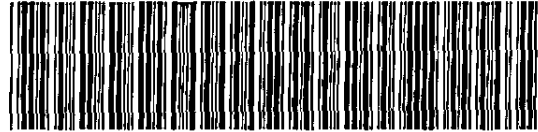
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800059928808

09/26/05--01028--013 **35.00

FILED
05 SEP 26 PM 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN SEP 30 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABAS Contractors Group, Corp.
DOCUMENT NUMBER: P050000123544

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvaro Bermeo
(Name of Contact Person)

ABAS Contractors Group, Corp
(Firm/ Company)

P.O. Box 630111
(Address)

Miami, FL 33163
(City/ State and Zip Code)

For further information concerning this matter, please call:

Alvaro Bermeo at (305) 710-6921
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Amendment Section For Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

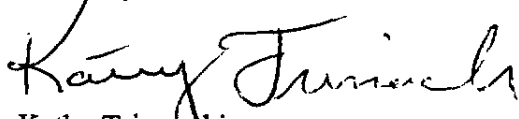
To Whom It May Concern:

Please be advised our office incorporated Alvaro Bermeo, A B A S Contractors Group, Corporation on September 7th, 2005. Document number P05000123544. Please note we need to file an amendment as the address of corporation has changed. The new street address is 2345 NE 191st Street, Miami, FL 33180. The mailing address is P.O. Box 630111, Miami, FL 33163 – (this is the address I'd like paperwork to be addressed to, the P.O. Box if possible.) Please update the address as soon as possible.

If there should be any questions, please contact the installer at 305-710-6921.

Thank you,

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathy Trimarchi".

Kathy Trimarchi
Compliance Dept.
USIG,INC

Articles of Amendment
to
Articles of Incorporation
of

ABAS Contractors Group, Corp.
(Name of corporation as currently filed with the Florida Dept. of State)

P05000123544

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

NEED address change to
read:

MAIL = Alvaro Bermeo

Address

P. O. Box 630111

Miami, FL 33163

Physical or 2345 NE 191 St.

Principal

Address

N.M.B. FL. 33180

FILED
05 SEP 26 PM 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: September 7, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____

(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.)

ALVARO BERMEO

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35