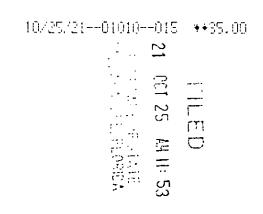
## P05000148248

(Requestor's Name)
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: A & M ADVANC	E GROUP INC.	<u></u>		
	1BER: P05000148248				
	es of Amendment and fee are su	ibmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	Annalie Valido				
	Name of Contact Person				
	AVS Business Services, Inc.				
		Firm/ Company	<u> </u>		
	6722 NW 72nd Ave				
	Address				
	Miami, Fl 33166				
	City/ State and Zip Code				
	avalido@avsbizservices.com				
	-	sed for future annual repor	et patification)		
For further informati Annalie Valido	on concerning this matter, plea.		) 614-0424 ode & Daytime Telephone Number		
Name	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check	or the following amount made	payable to the Florida De	partment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			t Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A & M ADVANCE GROUP INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P05000148248	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Caramana and the called a Compiler black	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P?
	72 7
	ज ज
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u> </u>
Name of New Registered Agent	<u>ි</u> විධ ග
	et aldrose)
i in management	. (444, 537
New Registered Office Address:	, Florida
A. A	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
r nevery accept the appointment as registered agent. I am jaminar wi	in that accept the configuitors of the position.
Signature of New Re-	gistered Agent, if changing
	The state of the s
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	e), F.S.

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	FERNANDEZ, LUIS R	3492 W 14TH CT
Add			HIALEAH, FL 33012
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Damous			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the first contained in the amendment user.

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
sete	Addrector, president or other officer – it directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)  Puscon  (Typed or printed name of person signing)  Alejandro Mendez	not been other court
	(Title of person signing)	