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6/28/12

COVER LETTER

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Division of Corpo	prations		
NAME OF CORPOR	ATION: A Plus 1	mprovements	Inc.
DOCUMENT NUMB	BER: P050	00166197	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Michael .	valdes	
		Name of Contact Persor	
	A Plus Ir	<u>nprovenients</u>	inc
		Firm/ Company	
	1010 NW	133 MMVL	
		Address	
	Mami,	FI 33182	
		City/ State and Zip Code	2
		5@ yahoo.cor	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Michael V	aldes	at (780)	493 9409
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$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

Mailing Address

TO: Amendment Section

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 32301

is enclosed)

Articles of Amendment To FILED

	Articles of Incorporation of	2012 JUN 27	PM 12: UZ
A Plus Improver		CECRETAR	OF STAIL
(Name of Corporation as currently		of State LAHAS	PET. LES
P05000 141	0194	The state of the s	
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori ts Articles of Incorporation:	da Statutes, this Florida Profi	it Corporation adopts	s the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the wo "Corp" "Inc.," or Co.," or the designation "Conword" ("Conword") or the word "chartered," "professional association," or the	rp," "Inc," or "Co". A proj	ny," or "incorporate Sessional corporation	d" or the abbreviation name must contain the
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AL</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
 If amending the registered agent and/or regist new registered agent and/or the new registered 		a, enter the na me o	f the
Name of New Registered Agent			
	(Florida street address)	 	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		pt the obligations of t	the position.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>D</u>	vanessa va Ides	1046 NW 133 AL MIAMI, FI 33182
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption	n:(e-1-12
Effective date if applicable:	1/1/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adopted to action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted be action was not required.	by the incorporators without shareholder action and shareholder
Dated(0 1 12	
Signature	lu llu
selected, by a	r, president or other officer - if directors or officers have not been in incorporator - if in the hands of a receiver, trustee, or other court luciary by that fiduciary)
	Michael Valdes
	(Typed or printed name of person signing)
	<u> </u>
	(Title of person signing)

1 c 😘