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S. YOUNG

## COVER LETTER

TO: Amendment Section

Division of Corporations		
	cubar Servi	ices Inc.
DOCUMENT NUMBER: POSOPO	7406	<del></del>
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Mario Es	Name of Contact Person	
	Firm/ Company	
10129WATTO	ntcBlva Address	
Coral Spring	S. FL 330 City/ State and Zip Code	71
escomary 2 @ E-mail address: (to be us	hotmal. C	OYY notification)
For further information concerning this matter, pleas	e call:	
Mand Escobar	at ( <u>954</u>	38¢ Ø111
Name of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{S43.75 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		Address
Amendment Section Division of Corporations		ment Section n of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

a	

Mario Esrubar Servi	ces Inc.
(Name of Corporation as current	ly filed with the Florida Dept, of State)
DOC: PUSUUUG77466	
	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
American Automated Bling	$\frac{1}{2}$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	5301 Nobhill Rd. Sunrise FL 33351
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	10129 W Atlantic Blud Coral Springs 72 33071
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent    \( \sum_{\text{CP}} \sum_{\text{CP}} \sum_{\text{CP}} \sum_{\text{CP}} \)    \( \sum_{\text{CP}} \sum	Exubac
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New 1	

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>-</u>	Juliana Escubar	10129 W Atlantic Blvd. Cural Springs
Remove			FL, 33071
2) X Change	VS_	Mano Escubar	10129 WATTONTIC
Add Remove			Blvd_Cural Springs, TL, 33071
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	ng additional Arti vets, if necessary).	(Be specific)			
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	ovides for an exch	iange, reclassifica	tion, or cancellati	on of issued shares	<b>1</b>
f an amendment pr		<u>ndment if not con</u>	<u>tained in the ame</u>	<u>ndment itself:</u>	
provisions for impl					
provisions for impl	ementing the ame le, indicate N/A)				
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The date of each amendment(s) adoption: 0917718 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Mario Escator Vaneto Avila " (voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/17/18	
Signature  (By a director, president or other diffeer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-1
President (Title of person signing)	