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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations						
NAME OF CORPORATION: AMER	RICAN BUSINESS	S CORP				
DOCUMENT NUMBER: P090000	008384					
The enclosed Articles of Amendment and fee						
Please return all correspondence concerning to	this matter to the following:					
	MARIA E VE	RA				
	Name of Contact Person					
AMERIC	AMERICAN BUSINESS CORP					
4005 NW 1	14TH AVE STE	13				
	Address					
DORA	L, FL 33178					
	City/ State and Zip Cod	e				
	carlos@abctvus	.com				
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matte	er, please cail:					
Carlos Mejia	at (305	716 1098				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount	t made payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Strect	Address				
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **CARLOS MEJIA** Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (Citv) New Registered Agent's Signature, if changing Register 6 I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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.

X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	MARIA VERA	4005 NW 114TH AVE STE 13
Add			DORAL, FL 33178
X Remove			
2) X Change	Р	CARLOS MEJIA	4005 NW 114TH AVE STE 13
Add			DORAL, FL 33178
Remove			
3) Change	<u>V</u>	RAFAEL M HERNANDEZ	4005 NW 114TH AVE STE 13
X_{Add}			DORAL, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	option:	, if other than th
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
action was not required.	oted by the incorporators without shareholder action and shareholder	
_{Dated} Septe	ember 27, 2 013	
Signature	<i> \ </i>	
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
	Vixe-President	
_	(Title of person signing)	