P0900039952

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COVER LETTER

Division of Corporations All American Companies, Inc. NAME OF CORPORATION: P09000039952 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynn Ciambella Name of Contact Person All American Companies, Inc. Firm/ Company 5140 SE 47th Ct. Road Address Ocala, FI 34480 City/ State and Zip Code NY8CS@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynn Ciambella Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

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)

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SECRETARY OF STATE
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Articles of Amendment to Articles of Incorporation of

All American Companies	s, Inc.		_	
\ <u></u>	currently filed with the Flo	rida Dept. of State)		
P09000039952			_	
(Documen	t Number of Corporation (if I	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	ng amendn	nent(s) t
A. If amending name, enter the new na	me of the corporation:			
			_The ne	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the a o". A professional corporation name must A."	bbreviatio contain t	on he
B. Enter new principal office address, if applicable: 5140 SE 47th C1				
(Principal office address MUST BE A STREET ADDRESS)		Ocala, FL 34480	_ _	
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5140 SE 47th Ct. Road	_	
		Ocala, FL 34480	_	
			_	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addre w registered of fice address:	ess in Florida, enter the name of the		
Name of New Registered Agent	Lynn Ciambella			
nume of their riogistes our riggin	5140 SE 47th Ct	. Road		
	(Florida stre	et address)		
New_Registered Office Address:	Ocala	, Florida 34480 (Zip Code)	z	
	(City)	(Zip Code)	SEC 13	ร์ >
			유민 :	₹ _
New Registered Agent's Signature, if c	hanging Registered Agent:		SSE C	्ट इ.स. १
1 .		ith and accept the obligations of the position.		모
<u>Lyh</u> (gnature of New Registered A			₽
Sī	gnature of New Registered A	geni, ij cnanging		<u>ယ</u> —

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>Namc</u>	<u>Addres</u> s
1) Change	Р	Stanley Taylor	6330 SE 41st Court
Add			Ocala, FL 34480
Remove			
2) Change	Р	Lynn Ciambella	5140 SE 47th Ct. Road
Add			Ocala, FL 34480
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			BECRET LLAH
5) Change			TARY ASSR
Add			To B C
Remove			Def 1
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)			
	-1-94			
	hange, reclassification, or cancellation of issued share	<u>es.</u>		
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	No.		
	are owned by Lynn Ciambella	₹		
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TO THE STATE OF TH			PH 4:31	*

The date of each amendment(s) adoption: 6/1/2012 date this document was signed.	, if other than the
Effective date if applicable: 6/1/2012	
(no more than 90 days after amendment file date)	_
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" (voting 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	
Signature Lyh Can Oxlo	
(By a director, president or other officer – 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)	
President	
(Title of person signing)	13 C

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