P/000000 8354

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2011

AXEL G. LOPEZ AMERICAN BUSINESS CONNECTIONS INC 3956 TOWN CENTER BLVD., SUITE 217 ORLANDO, FL 32837

SUBJECT: AMERICAN BUSINESS CONNECTIONS INC

Ref. Number: P10000008354

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000008384.

The date of adoption of each amendment must be included in the document.

Please resurn your document, along with a copy of this letter, within 60 days or your filingwill be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245,6906.

Dărlene Connell
Regulatory Specialist II

Letter Number: 111A00002883

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	PORATION:AME	RICAN BUSINESS CONNECTIONS INC	
DOCUMENT NU	MBER:	P10000008354	
The enclosed Artic	des of Amendment and fe	ee are submitted for filing.	
Please return all co	rrespondence concerning	this matter to the following:	
		AXEL G. LOPEZ	
		Name of Contact Person	
	AMERICAN	BUSINESS CONNECTIONS INC	
•		Firm/ Company	
	3956 TC	OWN CENTER BLVD STE 217	
		Address	
		ORLANDO, FL 32837	
		City/ State and Zip Code	
	AVELO	LODEZ@CMAIL COM	
	E-mail address: (to be	LOPEZ@GMAIL.COM used for future annual report notification)	
	ation concerning this mat	ter, please call:	
A	XEL G LOPEZ of Contact Person	at (407) 341-4440 Area Code & Daytime Telephone Number	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a checl	k for the following amour	nt made payable to the Florida Department of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of State (Additional copy is enclosed) Certified Copy (Additional Copy	
Mailing Ac		Street Address	
Amendmen	nt Section Corporations	Amendment Section Division of Corporations	
P.O. Box 6	•	Clifton Building	
	e, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

AMERICAN BUSINESS CONNECTIONS INC

(<u>N</u>:

ame of Corporation as currently filed with the Florida Dept. of State)		
P10000008354		
(Document Number of Corporation (if known)		
rovisions of section 607.1006, Florida Statutes, this Florida Profit Corporation		

A. If amending name, enter the new name of AMERICAN BUS name must be distinguishable and contain t	the corneration:	MERICAN BUS	NESS RPNIATIO
A. IT AMERICAN BUS	SINESS CORPORATI	ON CINKS, CO	The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp." "Inc	c," or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if app		nganja ja Pallahad	
(Principal office address <u>MUST BE A STREE</u>	TADDRESS)		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		OWN CENTER BLVD	_
	STE 21		
	<u>QRLAN</u>	IDO, FL 32837	_
D. If amending the registered agent and/or r		n Florida, enter the name of	the
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	

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 add	itional sheets, if necessary)		
<u>Titte</u>	<u>Name</u>	Address	Type of Action
	ding or adding additional Article dditional sheets, if necessary). (E		
provisi	mendment provides for an excharons for implementing the amendate and applicable, indicate N/A)		

•	02/28/11
The date of each amendment(s) adoption Effective date if applicable:	(date of adoption is required)
(no more ti	han 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement of the 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 gro	up) ."
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder
Dated	<u>-3011)</u>
, selected, by an	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court dary by that fiduciary)
	AXEL G LOPEZ
- 22	(Typed or printed name of person signing)
	PRESIDENT
(T	itle of person signing)