P10000035955

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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04/15/16--01026--030 **35.00



APR 187016 ARAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A) Ameri	run Sales	Inc
	er: <u>P100000</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Anthon All Americ	Name of Contact Perso Can Sales Firm/ Company	Inc
-	4153 50	N 47th Ave Address	DavieFL 33314
_	Davie FL	- 33314 City/ State and Zip Cod	
		City/ State and Zip Cod	e
	E-mail address: (to be us	GWACT CONSOLO sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Name of	Contact Person	at (954 Area Co	de & Daytime Felephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 is enclosed)
		_	

Mailing Address

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

Articles of Amendment to **Articles of Incorporation**



(<u>Nar</u>	ne of Corporation as currer	tly filed with the Florida Dept. of State)
All An	erican Sales	
	(Document Number	of Corporation (if known) TALLATING COL
Pursuant to the provisions of section 6 its Articles of Incorporation:	507.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new	v name of the corporation:	
		The new
	signation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4153 SW 47th Ave Ste 173
		Davie FL 3334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4153 SW 47th AUC STE 173
		Davic FL 33314
D. If amending the registered agent new registered agent and/or the		dress in Florida, enter the name of the ss:
Name of New Registered Age	Λ	Ruboio
	4153 SW	47th Ave STE 173
	Davie	street address)
New Registered Office Addre	ss:	(City), Florida 774 (Zip Code)
		(Dip Code)

New Registered Agent's Signature, if changing Registered Agent:

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.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u> .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	Jose Rupio	7213 NW 78th Te
Add			Miami FL 33166
Remove			
2) Change	P	Anshory Rubio	4153 SW47th Ave STE
Add			Davie FL 33314
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provi	des for an exch	ange, reclassific	ation, or cancella	tion of issued s	hares,	
<u>rovisions for implem</u>	enting the ame	ange, reclassific	eation, or cancella entained in the an	ition of issued s nendment itself	hares,	
an amendment provi rovisions for implem (if not applicable,	enting the ame	ange, reclassific ndment if not co	eation, or cancelle ontained in the an	tion of issued s nendment itself	hares,	
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<u>rovisions for implem</u>	enting the ame	nange, reclassific	cation, or cancells ontained in the an	ntion of issued s nendment itself	hares,	

The date of each amendment(s) adoption: 4/12/16, if other than the date this document was signed.
Effective date if applicable: 4/12/14 (no more than 90 days after amendment file date)
' (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 not be listed as the document's effective date on the Department of State's records.
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 4/12/16
Signature (By 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)
Anthony Deckors
(Typed or printed name of person signing)
Dusidena
(Title of person signing)