# P10000069712

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION		ALIAMERICA	
DOCUMENT NUMBER:	P10000069712		
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
ALE.	ANDRA OCHOA		
AL	I-BALI AMERICA	Name of Contact Person	n
485 I	BRICKELL AVE. UNIT	Firm/ Company 1902	
MIA	MI, FL 33131	Address	
		City/ State and Zip Cod	e
a8ap9@yal	ioo.es		
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further information cond	erning this matter, pleas	se call:	
ANTONIO CASTAÑON O	СНОА	305 at (	986 2065
Name of Cor	tact Person		de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □	3\$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)
P.O. Box	nt Section f Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment** Articles of Incorporation of ALI-BALI AMERICA

### (Name of Corporation as currently filed with the Florida Dept. of State)

	P10000069712	ı		
	(Document Number of C	Corporation (if known)		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this Fl	orida Profit Corporation s	adopts the following am	endmen
A. If amending name, enter the new n	ame of the corporation:			
			Tha	new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corpor	orated" or the abbre	viation
B. Enter new principal office address, (Principal office address MUST BE A S				
				<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
(111111)	<u>012.102.2011</u> )			<u></u>
D. If amending the registered agent ar		s in Florida, enter the na	me of the	
new registered agent and/or the ne	w registered office address: ALEJANDRA OCHOA			
Name of New Registered Agent	ALIJANDKA OCHOA			
	485 BRICKELL AVE. UNIT	1902		
	(Florida street	address)		
New Registered Office Address:	MIAMI		33131 _, Florida	
	(C	ity)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Degistered Agents			
I hereby accept the appointment as regist	ered agent. I am familiar with	h and accept the obligation	is of the position.	
	$\triangleright p$	· · · · · · · · · · · · · · · · · · ·	Carry Marie	ic.
-	44.			FRIN
	Signature of New Regi	istered Agent, if changing		~;= <u>*</u>
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## 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)	Title	Name		<u>Addres</u> s
1) Change	D	SUAREZ, JUAN	Ň J.	485 BRICKELL AVE UNIT 1902
Add				MIAMI
X Remove				FL 33131
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				<u> </u>
Remove				

•	(Be specific)
•	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
·	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.	)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	"	
o,	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	•
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE, 2,	2016	
Dated		
Signature	Dew )	
(By a selected	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	ALEJANDRA OCHOA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	<del></del>