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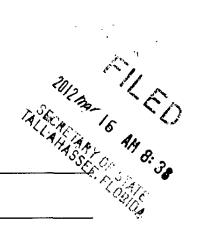
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: ABC & Z, II	NC	
DOCUMENT NUMBER:	P1000007262	2	
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Lis	andra Cadalso)	
		Name of Contact Person	1
AB	C & Z, INC		
		Firm/ Company	
107	703 NW 88 Av	е	
		Address	
Hia	leah Gardens	FL, 33018	
		City/ State and Zip Code	B
1		ed for future annual report	notification)
For further information conc	erning this matter, pleas	e call:	
Lisandra Cadals	0	_{at (} 786	201-2611
Name of Con	tact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	rtment 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 6	nt Section f Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



ABC & Z, INC

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

P10000072622

(Document Number of Corporation (if known)

endment(s) to

If amanding name antar the name	ama of the companytions	
. If amending name, enter the new n	ame of the corporation:	
	10	1 (4)
	ntain the word "corporation," "company,' nation "Corp," "Inc," or "Co". A profess ation," or the abbreviation "P.A."	
Enter new principal office address,	if applicable:	
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)	
		
Enter new mailing address, if appl		
(Mailing address MAY BE A POST	(AFFICE DAY)	
(Muning address MAI BEATOST	OFFICE BOX)	
(Maning dutiess MAT BEATOST	OTTICE BOX	
(Muning address MAT BLATOST	OTTICE BOX	
	nd/or registered office address in Florida,	enter the name of the
. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida,	enter the name of the
. If amending the registered agent ar	nd/or registered office address in Florida, o w registered office address: Lisandra Cadalso	enter the name of the
. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, o w registered office address:	enter the name of the
. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, ow registered office address: Lisandra Cadalso 10703 NW 88 Ave	enter the name of the

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	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Lisandra Espinel	10703 NW 88 Ave
Add × Remove			FL 33018
2) Change Add	P	Lisandra Cadalso	10703 NW 88 Ave
Remove			FL 33018
3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<u></u>		
Remove			

E. <u>If amen</u> (attach d	nding or adding additional Arti additional sheets, if necessary).	icles, enter change(s) (Be specific)	<u>here</u> :	
N/A				
		,		
		· · · · · · · · · · · · · · · · · · ·		
provisi (<i>if</i>	mendment provides for an exchions for implementing the ame foot applicable, indicate N/A)	ange, reclassification ndment if not contain	n, or cancellation of issue ned in the amendment its	d shares, elf:
N/A				
		<u> </u>		
···· <u> </u>				
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: 3/12/2012
Effective date <u>if applicable</u> :	3/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Dated} 3/12	/2012
sele	ra director, president or either officer if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Lisandra Espinel
	(Typed or printed name of person signing)
	President
	(Title of person signing)