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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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I ALBRITTON

COVER LETTER

.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALL AMER	ICAN STATES,	INC	
DOCUMENT NUMB	_{ER:} P1100000716	9		
	<i>f Amendment</i> and fee are su			
Please return all corresp	condence concerning this ma	tter to the following:		
†	RICARDO URDA	NIVIA		
_		Name of Contact Persor	1	
	ALL AMERICAN	STATES, INC		
-		Firm/ Company		
	37 SE 24TH AVE	APT 2		
-		Address		
	CAPE CORAL, F	L 33990		
-		City/ State and Zip Code	e	
urda	anivia1147@yaho	oo com		
		sed for future annual report	notification)	
	·	,		
For further information	concerning this matter, pleas	se call:		
RICARDO UF	RDANIVIA	at (305	962-5490 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone 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		Street	Address	
	idment Section	Amendment Section		
	ion of Corporations Box 6327	Division of Corporations		
	hassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALL AMERICAN STATES INC

(Name of Corporation as ea	_ ,	sa Florido Dant, of Stato)	<u>.</u>	
P11000007169	irrenny mea wi <u>m u</u>	ie Florida Dept. of State		
··-	Sumber of Corporation	on (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, t	this <i>Florida Profu Corpora</i>	tion adopts the following	amendment(s) to
A. If amending name, enter the new nam	e of the corporation	<u>:</u>		
N/A				The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," o	or "Co". A professional c	ncorporated" or the ab	breviation
B. Enter new principal office address, if a		N/A		
(Frincipal office dadress MOST DE ASTR	EET ADDRESS)			:
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>	<u>ble:</u> FFICE BOX)	N/A	SECRETA Y STALLAHASSEE.	FILED
D. If amending the registered agent and/ new registered agent and/or the new to			he name of the	erafe.
<u>Name of New Registered Agent</u>		 		
<u></u>	V/A			
New Registered Office Address:	N/A	la street address), F	Torida	
		Cuy)	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register Sten	vd agent. – Lam famii		igations of the position.	

· 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; \tilde{V} = Vice President; \tilde{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: XChange	<u>pr</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		TANIA V VERA CHAVIANO	37 SE 24TH AVE APT 2
Add		_		CAPE CORAL, FL 33990
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		<u></u>
Add				
Remove				
5) Change				
Add				·
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
I/A	
nrovisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate $N(A)$	
I/A	

The date of each amendment(s) adoption: 05/21/2018	_, if other than the
date this document was signed.	
Effective date if applicable: 05/21/2018	_
(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 east 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 05/21/2018	
Signature	
(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)	
RICARDO URDANIVIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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