## P/100055052-

| (Requestor's Name)                      |
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DR 9/17/14

## **COVER LETTER**

TO: Amendment Section

| Division of Corp   | porations                                   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| NAME OF CORPO  | RATION: Ableararp,                          | Inc.  |  |  |  |  |
| DOCUMENT MUM   | <sub>BER:</sub> P1100005505                 | 2   |  |  |  |  |
|  |   |   |  |  |  |  |
| The enclosed Articles  | s of Amendment and fee are su               | bmitted for filing.   |  |  |  |  |
| Please return all corre  | espondence concerning this mat              | tter to the following:  |  |  |  |  |
|  | Rey Perez                                   |   |  |  |  |  |
|  |   | Name of Contact Persor  | 1  |  |  |  |
|  | Ablearap, Inc.                              |   |  |  |  |  |
|  |   | Firm/ Company   |  |  |  |  |
|  | 8770 SW 72 Street, #250                     |   |  |  |  |  |
|  | Address                                     |   |  |  |  |  |
|  | Miami, FL 33173                             |   |  |  |  |  |
|  |   | City/ State and Zip Code  | 2  |  |  |  |
| re\  | @reyperez.com                               |   |  |  |  |  |
|  |   | sed for future annual report  | notification)  |  |  |  |
| For further information  | on concerning this matter, pleas            | se call:  |  |  |  |  |
| Torraction mornacio  | on concerning and matter, preus             | ,   |  |  |  |  |
| Rey Perez  |   | at (305   | 528-3663   |  |  |  |
| Name   | of Contact Person                           | Area Code & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check f  | or 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

FILED

| A   | of SEP 10 PM 1: 09   |
|---|--|
| Ablearap, Inc.  | Across STATE   |
| (Name of Corporation as currently file  | A STATE OF THE STA |
| P11000055052  | <b>16</b>  |
| (Document Number of C   | Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:  | Statutes, this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the cor  | poration:  |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a | The new "corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."   |
| B. Enter new principal office address, if applicable:   | Ablearap, Inc  |
| (Principal office address MUST BE A STREET ADDI   |  |
|   | Miami, FL 33173  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  | Ablearap, Inc.   |
| (//aming amineso <u></u>  | 8724 Sunset Drive # 200  |
|   | Miami, FL 33173  |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered o   | office address:  |
| Name of New Registered Agent Rey Per  | ez   |
| 8724 St   | unset Drive # 200  |
|   | (Florida street address)   |
| New Registered Office Address: Miami  | . Florida 33173  |
|   | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Regis   | stered Agent:  am fandligt with and accept the obligations 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; 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:                      | e, ana ba    | .y canna cr as arrival. |  |                 |
|-------------------------------|--------------|-------------------------|--|-----------------|
| X Change                      | <u>PT</u>    | John Doe                | ſ  |                 |
| X Remove                      | <u>v</u>     | Mike Jones              | 1/1  |                 |
| X Add                         | <u>sv</u>    | Sally Smith             | NIK  |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>             |  | <u>Addres</u> s |
| 1) Change                     |              |                         |  |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |
| 2) Change                     |              |                         |  |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |
| 3) Change                     | <u></u>      |                         |  |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |
| 4) Change                     |              |                         |  |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |
| 5) Change                     |              | <del></del>             | MAN TO STATE OF THE STATE OF TH |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |
| 6) Change                     |              |                         |  |                 |
| Add                           |              |                         |  |                 |
| Remove                        |              |                         |  |                 |

| Attach ad | ing or adding additional sheets, i                        | f necessary).  | (Be specific                           | ange(s) here                                     | ;                           |                               |                                       |
|-----------|---|----------------|--|--|-----------------------------|-------------------------------|---------------------------------------|
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| provisio  | endment provid<br>ons for implement<br>not applicable, in | nting the amen | nge, reclass<br>dment if no            | ification, or<br>t contained i                   | cancellation<br>n the amend | of issued sh<br>lment itself: | ares,                                 |
|           |   |                |  |  | /                           |                               |                                       |
|           |   |                |  | /  |                             |                               |                                       |
|           |   |                |  |  | Λ                           | ***                           |                                       |
|           |   |                |  | <u> </u>   | T                           |                               |                                       |
|           |   |                |  |  |                             |                               |                                       |
|           |   |                |  |  |                             |                               | <u></u>                               |
|           |   |                |  |  |                             |                               |                                       |

| The date of each amendment(s) adoption: 9/3/14  | , if other than the |
|---|---------------------|
| date this document was signed.  |                     |
| Effective date if applicable: 9/3/14  |                     |
| , (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 cast for the amendment(s) was/were sufficient for approval   |                     |
| by"  (voting group)   |                     |
| (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 9/3/14  |                     |
| 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) | _                   |
| Rey Perez   |                     |
| (Typed or printed name of person signing)   | <del></del>         |
| President   |                     |
| (Title of person signing)   |                     |