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**COVER LETTER**

**TO:** Amendment Section  
- Division of Corporations

**NAME OF CORPORATION:** ADVANCED BUSINESS SOLUTIONS INC.

**DOCUMENT NUMBER:** P11000098468

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALMA KRAJA

Name of Contact Person

Firm/ Company

30 SE 3RD PLACE

Address

DANIA BEACH, FL 33004

City/ State and Zip Code

GKNYAL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALMA KRAJA

Name of Contact Person

at ( 954 )

588-8734

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2013

ALMA KRAJA  
ADVANCED BUSINESS SOLUTIONS INC  
30 SE 3RD PLACE  
DANIA BEACH, FL 33004

SUBJECT: AMFW RESTORATION INC.  
Ref. Number: P11000098468

We have received your document for AMFW RESTORATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 613A00016709



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2013

ALMA KRAJA  
ADVANCED BUSINESS SOLUTIONS INC  
30 SE 3RD PLACE  
DANIA BEACH, FL 33004

SUBJECT: AMFW RESTORATION INC.  
Ref. Number: P11000098468

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Rebekah White  
Regulatory Specialist II

Letter Number: 613A00016709

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

13 JUL 24 AM 8:53

Articles of Amendment  
to  
Articles of Incorporation  
ofSECRETARY OF STATE  
TREASURY DEPARTMENT  
TALLAHASSEE, FLORIDA

## AMFW RESTORATION INC.

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

P11000098468

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ADVANCED BUSINESS CONCEPTS CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |            |                         |                                  |
|--|------------|-------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change         | <u>SEC</u> | <u>REYNALDO CARREON</u> | <u>5815 NW 52 AVENUE</u>         |
| <input type="checkbox"/> Add               |            |                         | <u>FORT LAUDERDALE, FL 33319</u> |
| <input checked="" type="checkbox"/> Remove |            |                         |                                  |
| 2) <input type="checkbox"/> Change         |            |                         |                                  |
| <input type="checkbox"/> Add               |            |                         |                                  |
| <input type="checkbox"/> Remove            |            |                         |                                  |
| 3) <input type="checkbox"/> Change         |            |                         |                                  |
| <input type="checkbox"/> Add               |            |                         |                                  |
| <input type="checkbox"/> Remove            |            |                         |                                  |
| 4) <input type="checkbox"/> Change         |            |                         |                                  |
| <input type="checkbox"/> Add               |            |                         |                                  |
| <input type="checkbox"/> Remove            |            |                         |                                  |
| 5) <input type="checkbox"/> Change         |            |                         |                                  |
| <input type="checkbox"/> Add               |            |                         |                                  |
| <input type="checkbox"/> Remove            |            |                         |                                  |
| 6) <input type="checkbox"/> Change         |            |                         |                                  |
| <input type="checkbox"/> Add               |            |                         |                                  |
| <input type="checkbox"/> Remove            |            |                         |                                  |

(Attach additional sheets, if necessary). (Be specific)

1. The first part of the document is a header section containing the following information:
 

- Page Number: 1
- Date: 10/10/2010
- Time: 10:10:10
- Author: [Name]
- Version: 1.0

2. The second part of the document is a table with the following columns:
 

Item	Description	Quantity	Unit	Price	Total
1	Item 1	10	kg	100	1000
2	Item 2	5	kg	200	1000
3	Item 3	10	kg	100	1000
4	Item 4	5	kg	200	1000
5	Item 5	10	kg	100	1000
6	Item 6	5	kg	200	1000
7	Item 7	10	kg	100	1000
8	Item 8	5	kg	200	1000
9	Item 9	10	kg	100	1000
10	Item 10	5	kg	200	1000

3. The third part of the document is a footer section containing the following information:
 

- Page Number: 1
- Date: 10/10/2010
- Time: 10:10:10
- Author: [Name]
- Version: 1.0

Alma Kraja owes 100% of the 10,000 shares.

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The date of each amendment(s) adoption: 06/02/2013

Effective date if applicable: 06/02/2013

(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)

- ☐ 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 06/02/2013

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)

**ALMA KRAJA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)