(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	ORP 	
DOCUMENT NUMBI	ER: P12000008762		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		OSMANI REYES	
-		Name of Contact Person	
		ALL AROUND CORP Firm/ Company 4060 NW 132 ST SUITE 1	
-			
_		Address	
OPA LOCKA .FL 3305			
-		City/ State and Zip Code	
		ORH2309@GMAIL.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, plea		(21 1005
OSMANI REYES		at (_)
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address ment Section of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

t

	Artic	les of	Inco	rpor	ation
--	-------	--------	------	------	-------

,	of	1		
<u> </u>	Aron	nd Cor		
(<u>Name of Corporatio</u>		iled with the Florida Dep	#. of State)	
	P12000008762			
(Docum	ent Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Flo	orida Profit Corporation :	idopts the following	amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	" or "Co". A p	npany," or "incorporated professional corporation	" or the abbreviation name must contain	n "Corp.," the word
B. Enter new principal office address, if applicable:	•			
(Principal office address MUST BE A STREET ADD				
				- 1
C. C.A., and an Olive Address of an Dealth.			•	· 6. 1.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			
	_			· Ø
	-			—— £
		* 121	Fab.	•
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		s in Fiorida, enter the na	ime of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			_, Florida	
	(C)	iţy)	(Zip C	ode)
New Registered Agent's Signature, if changing Reg	istered Agent:	L		
I hereby accept the appointment as registered agent.	i am Jamiliar wili	п апа ассері іпе обидано	ns of the position.	
Signa	ature of New Regi	istered Agent, if changing		
	- 17-			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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: XChange	<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	<u>Name</u>	<u>Addres</u> s
1) Change	VP	EDUARDO SUAREZ DEDIEU	606 W 81 ST 102
Add			HIALEAH,FL 33014
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			- ·
4) Change			<u> </u>
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
_	and the second s
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicance, indicate 1974)	

	05/20/2020	
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
ate this document was signed.		
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this nent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
05/20 /2020 Dated	m /	
Signature *		
selected, by	f president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other of duciary by that fiduciary)	
, , ,	OSMANI REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)