# P1200015766

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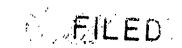
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#### **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	s

	•		
NAME OF CORPORATION: ABSOLUTE M	ANAGEM	ENT & MA	RKETING, INC.
DOCUMENT NUMBER: P120000157	766		
The enclosed Articles of Amendment and fee are sul	bmitted for fil	ing.	
Please return all correspondence concerning this mat	ter to the follo	owing:	
ELIZABETH C	ONSUE	EGRA	
	Name of C	ontact Persor	1
<del> </del>	Firm/ (	Company	<del></del>
2210 JOG RD			
ODEENIA ODE		dress	
GREENACRES	<u> </u>		,
	•	and Zip Code	
elizabethgg@live.			
E-mail address: (to be us	ed for future a	nnual report	notification)
For further information concerning this matter, pleas	e call:		
ELIZABETH CONSUEGRA	A at a	561	,707-3555
Name of Contact Person	at (	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the	Florida Depa	rtment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

#### **Articles of Amendment** Articles of Incorporation of



## ABSOLUTE MANAGEMENT & MARKETING, INORIZ MAY -3 PH 12: 55

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

P12000015766

(Document Number of Corporation (if known)

TALL	AHA	vky S <b>S</b> EI	07 S E.FL	STATE LORIDA

ts Articles of Incorporation:			
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or th	rp," "Inc," or "Co". A pro		
B. Enter new principal office address, if applicab	ole:		
Principal office address <u>MUST BE A STREET AL</u>			_
			<del>_</del>
			_
C. F.A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)		
		,	<del></del>
	<del></del>		_
			_
<ol> <li>If amending the registered agent and/or regist new registered agent and/or the new registere</li> </ol>		da, enter the name of the	
new registered agent and/or the new registere	u office address:		
Name of New Registered Agent		<del> </del>	
<del></del>	(Florida street address)		
Now Projectional Offices Address		Clarida	
New Registered Office Address:	(City)	, Florida(Zip Code)	_
	• • •	, <b>.</b>	
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered agent.		ept the obligations of the position.	
	New Registered Agent, if cha		

### 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	p ·	JAVIER INFIESTA	900 OSCEOLA DR SUITE 222B WEST PALM BEACH, FL 33409
2) Change Add Remove	P	ARELYS ROSELLO	900 OSCEOLA DR SUITE 222B WEST PALM BEACH, FL 33409
3) Change X Add Remove	<u>T</u>	JAVIER INFIESTA	900 OSCEOLA DR SUITE 222B WEST PALM BEACH, FL 33409
4) Change Add Remove	<u> </u>		
5) Change Add Remove	<del></del>		
6) Change Add Remove			

	ticles, enter change(s) here: (Be specific)
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an amendment provides for an excharge an excharge and the same (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

1100	11-24-12
The date of each amendment(s) a	doption: ————————————————————————————————————
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated O	24/2012
selected	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	JAVIER INFIESTA
	(Typed or printed name of person signing)
	President Director.
	(Title of person signing)