## P12000057195

| (Re                     | equestor's Name)   |           |  |
|-------------------------|--------------------|-----------|--|
| (Ad                     | dress)             |           |  |
| (Ac                     | Idress)            |           |  |
| (Cit                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                 | WAIT               | MAIL      |  |
| (Business Entity Name)  |                    |           |  |
| (Do                     | ocument Number)    |           |  |
| Certified Copies        | _ Certificates     | of Status |  |
| Special Instructions to | Filing Officer:    |           |  |
|                         |                    |           |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR  | RATION: ALL IN ONE                          | RB ENTERPR   | ISES, INC  |  |
|---|---|--|--|--|
| DOCUMENT NUMBER: P12000057195   |   |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filling. |   |  |  |  |
| Please return all corre   | spondence concerning this mat               | ter to the following:  |  |  |
|   | NELSON BELLIARD                             |  |  |  |
|   | ALL IN ONE RB                               | Name of Contact Person   | ·  |  |
|   |   | Firm/ Company  |  |  |
|   | 2822 FORSYTH RD STE 2870                    |  |  |  |
|   |   | Address  |  |  |
|   | ORLANDO, FLOR                               | RIDA 32792   |  |  |
|   |   | City/ State and Zip Code   | <del></del>  |  |
| nel   | sonbelliar12@gma                            | ail.com  |  |  |
| <del></del>   |   | ed for future annual report  | notification)  |  |
|   |   |  |  |  |
| For further information   | on concerning this matter, pleas            | e call:  |  |  |
| NELSON BELLIARD   |   | <sub>at (</sub> 407  | de & Daytime Telephone Number  |  |
| Name  | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for   | or the following amount made p              | payable to the Florida Depa  | ertment 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) |  |
| <u>Ma</u>   | iling Address                               |  | Address  |  |
| Amendment Section   |   | Amendment Section  |  |  |
|   | vision of Corporations  D. Box 6327         |  | on of Corporations<br>Building   |  |
|   | lahassee, FL 32314                          |  | Executive Center Circle  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## ALL IN ONE RB ENTERPRISES, INC

14 JUN -6 AM 10: 08

(Name of Corporation as currently filed with the Florida Dept. of State) P12000057195 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Florida (City) 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: X Change             | <u>PT</u>                | John Doe        |                   |
|-------------------------------|--------------------------|-----------------|-------------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jones      |                   |
| X Add                         | <u>sv</u>                | Sally Smith     |                   |
| Type of Action<br>(Check One) | <u>Title</u>             | <u>Name</u>     | <u>Addres</u> s   |
| 1) Change                     | PT                       | RAFAEL RIVERA   | 2822 FORSYTH RD   |
| Add                           |                          |                 | STE 270           |
| Remove                        |                          |                 | ORLANDO, FL 32792 |
| 2) Change                     | PT                       | NELSON BELLIARD | 2822 FORSYTH RD   |
| Add                           |                          |                 | STE 270           |
| Remove                        |                          |                 | ORLANDO, FL 32792 |
| 3) Change                     |                          |                 |                   |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |
| 4) Change                     |                          |                 |                   |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |
| 5) Change                     | <del> </del>             |                 |                   |
| Add                           |                          |                 | <u></u>           |
| Remove                        |                          |                 |                   |
| 6) Change                     |                          |                 |                   |
| Add                           |                          |                 |                   |
| Remove                        |                          |                 |                   |

| (Attacl | ending or adding additional Articl<br>h additional sheets, if necessary). | (Be specific)  |
|---------|---|--|
| N/A     |   |  |
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| If an a | amandmant provides for an avaha   | nge, reclassification, or cancellation of issued shares, |
| prov    | <u>visions for implementing the ameno</u>                                 | dment if not contained in the amendment itself:          |
| N/A     | (if not applicable, indicate N/A)   |  |
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| The date of each amendment(s) adoption: MAY 25, 2014 date this document was signed.  | , if other than the |
|--|---------------------|
| Effective date if applicable: MAY 25, 2014   |                     |
| (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 6/2/14   |                     |
| 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)  | ,                   |
| NELSON Belliazel   |                     |
| (Typed or printed name of person signing)  |                     |
| (Title of person signing)  |                     |
| SECULAR SECULA | 14 JUN -6 AN 16: 08 |