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(Red	questor's Name)	
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(City	y/State/Zip/Phone	<i>⇒</i> #)
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(Do	cument Number)	
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SEP 1 9 2012 T. ROBERTS

COVER LETTER

Division of Corp			
NAME OF CORPOR	A.Bol.	HITT IN	C (ABELTITI)
NAME OF CORPOR	RATION: <u>A.B. L.</u> BER: <u> 1200</u>	111 111	C (HBCCIII)
DOCUMENT NUMI	BER: P 1300	00 1 1258	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	spondence concerning this ma		
	AleshA	IZAMBO Name of Contact Perso Firm/ Company	
	0	Name of Contact Perso	on
	ABRITITION	71, Inc	
		Firm/ Company	
	2731 NW	170 TOST	
		Address	
	minmi G	Ardens 71	33056
•		City/ State and Zip Coc	le
	HADERAM	BO @ UA	HOD. com
	HADE RAPO E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
AIESHA	PAMBO	at (786	859-2873 ole & Daytime Telephone Number
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	2\$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)
	ing Address ndment Section		Address Iment Section
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Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

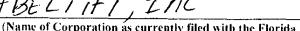
RECEIVED
12 SEP 17 AMM: 47

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation



nt(s) to

II amonding name autom the new mana of t	ha aaumaustinu.
. If amending name, enter the new name of t	ne corporation:
	The
une must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "O ord "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviat Corp," "Inc," or "Co", A professional corporation name must contain r the abbreviation "P.A."
Enter new principal office address, if applic rincipal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE	E BOX)
If amending the registered agent and/or rea	distered office address in Florida, enter the name of the
dimensional transfer of the interest of the	ored office address:
new registered agent and/or the new register	Ted Silve Marcosi
new registered agent and/or the new registe	
new registered agent and/or the new registe	
new registered agent and/or the new registe	
Name of New Registered Agent	(Florida street address) , Florida
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent	(Florida street address), Florida (City) (Zip Code)

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.

Programmes	vc, ana Sauy Smiti	i, SV as an Add.	•
Example: X Change	<u>PT</u> <u>John I</u>	Doe	
X Remove	V Mike	Jones	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	C/P/B	Alesha 12 Amgo	2731 nw 170 thst MIAMI GARdens 7 33056
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

	sheets, if necessary).	(Be specific)			
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		 -	<u></u>		
					
			<u></u>		
				ion of ions od abou	
an amendment	provides for an exch	ange, reclassific	<u>ation, or cancellat</u>	ion of issued shar	es,
<u>provisions for in</u>	<u>iplementing the amei</u>	ange, reclassificand not con	ation, or cancellate trained in the am	endment itself:	es,
<u>provisions for in</u>	provides for an exchaplementing the amerable, indicate N/A)	ange, reclassificandment if not co	ation, or cancellat ntained in the am	endment itself:	es,
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<u>provisions for in</u>	<u>iplementing the amei</u>	nange, reclassificandment if not con	ntained in the am	endment itself:	es,

he date of each amendment(s) ad	loption: 9/12/12
ffective date if applicable:	9/10/12
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the incorporators without shareholder action and shareholder
Dated <u>9/18</u>	2/2012
Signature	- (V)
(By a directed	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	AITSTA 12AMBO (Typed or printed name of person signing)
_	
	CEO and piEsident
-	(Title of person signing)