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COVER LETTER

TO. American Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COVER LETTER		TO OFF 12 MAIN. OF
TO: Amendment Sec Division of Corp				6 Page 1
NAME OF CORPO	RATION: BABEL PRESS A	MERICAS INC		19 (0.00)
DOCUMENT NUM	BER: P13000001827			9 8
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	STANISLAS GAZELLE			
		Name of Contact Person	n	
		Firm/ Company		
·	42 SW 19TH RAOD			
	MIAMI FL 33129	Address		
	·	City/ State and Zip Code	e	
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)	
STAN	SLAS GAZECL	E_at (_786	3291525	
Name	of Contact Person	Area Co	de & Daytime Telephone Numbe	T .
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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> Am	iling Address endment Section		Address Iment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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•	cles of Amendment to es of Incorporation of
Artic	cles of Amendment to
Artick	es of Incorporation
ABEL PRESS AMERICAS INC	of of
	currently filed with the Florida Dept. of State)
3000001827	cin rentry their with the Profita Dept. of State)
	umber of Corporation (if known)
·	ites, this Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corpora	ution:
	The new
ame must be distinguishable and contain the word "col Corp.," "Inc.," or Co.," or the designation "Corp," "Inc ord "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation tc," or "Co". A professional corporation name must contain the viation "P.A."
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRESS</u>	
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
(F)	florida street address)
New Registered Office Address:	. Florida
TOW HOUSE OF THE PARTY COST.	(City) (Zip Code)
	A A country
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fi	
Significa	of New Registered Agent, if changing
Jigittin' C	of their trepresented tigeries if endinging

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	LEVASSEUR PHILIPPE	42 SW 19TH ROAD
Add			MIAMI FL 33129
X Remove			
2) Change	s	WAMBERGUE CLAIRE	42 SW 19TH ROAD
Add			MIAMI FL 33129
X Remove			
3) X Change	CEO	GAZELLE STANISLAS	42 SW 19TH ROAD
Add			MIAMI FL 33129
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

mending or adding additional A ach additional sheets, if necessary). (Be specific)	•		
				
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nn amendment provides for an ex covisions for implementing the ar	<u>ichange, reclassific</u> mendment if not co	ntion, or cancellation intained in the ame	on of issued snares ndment itself:	3
(if not applicable, indicate N/A)				
				·····
				
				

	12/05/2016	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable	12/05/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed 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	,"	
-7	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
	40.4	
12/08/ Dated	/2016	
Dateu		
01		
Signature		
	by a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
aş	opolitical riductary by that inductary)	
	STANISLAS GAZELLE	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	