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C Kinsey

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: All-Haidwate ive
DOCUMENT NUMBER: P1300004941
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria D. Herrandez Name of Contact Person
Firm/Company  DIXIEHMLE  Address
Pompano Beach FU 330160  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria D. Hernandez au 954, 406-0373
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$62.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment

## Articles of Incorporation

All-Hardusare	Toc
(Name of Corporation as current)	v filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 MAY 20 A SECRLANASSE TALLAHASSE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  Name of New Registered Agent	
New Registered Office Address OMPANO	(City), Florida 32000 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent.  I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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	PT John	Doc				
X Remove	<u>V</u> <u>Mike</u>	Jones				
X Add	<u>SV</u> <u>Sally</u>	Smith				
Type of Action (Check One)	<u>Title</u>	Name	11-accepte	Address	<u> </u>	
1) Change	1	Maeia D.	HERITUR	2 3063 ANIE	DIXIE Domain	
Add Remove				Booch F	L 33060	
2) Change	P	Julio A.	Figuere	100 23k	OS DIXIE	
Add Remove				Pach	FL 32012	<u>ر</u> -
3) Change		<del>.</del>				
Add						
4) Change	<del></del>					
Add						
5) Change						
Add Remove						
6) Change						
Add				****		
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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If an amendment provides for an exch	ange, reclassification, o	r cancellation of issue	d shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment its	<u>elf:</u>
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The date of each amendment(s) adoption:date this document was signed.	if other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 35 2014.	
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)	
JULIO A. FIGHEREDO	
(Typed or printed name of person signing)	
DESIDEN.	· · · · · · · · · · · · · · · · · · ·
(Title of person signing)	

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