(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FABE	LLI GIBOUP	NC	
_	0050426	·	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
<u></u>	FABELLI Name of Contact Person SELLI GROUP		
	Firm/ Company		
800	8004 NW 154 STREET, SUITE 210 Address		
M	City/ State and Zip Code	2)6	
	NFO @ FABELL ised for future annual report	notification)	
For further information concerning this matter, plea	se call:		
ALEX FABELLI Name of Contact Person	at ( 786	) 467 0883	
		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\times \text{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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Innent Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

FII	.ED
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Aı	rticles of Incorporation FILED	
<b>-</b> .	OF 15 NOV 19 AM 8: 41	ı
- FABE	LLI GROUP INC.	<u> </u>
(Name of Corporation	n as currently filed with the Florida Depts of State) STATE TALLAHASSEE FLORID	
	13000050426	····
(Document)	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ig amendment(s)
A. If amending name, enter the new name of the corp	poration:	
		The new
	"corporation," "company," or "incorporated" or the a "Inc," or "Co". A professional corporation name must bbreviation "P.A."	bbreviation
B. Enter new principal office address, if applicable:	5054 N. HIATUS ROA	<u> </u>
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS) SUNRISE FL 33351	
	<u> </u>	<del>.</del>
	<del>.</del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	)	
		<del></del>
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent		_
	(Florida street address)	_
	· ·	
New Registered Office Address:	(City), Florida	Code)
	(Chy)	coucy
New Registered Agent's Signature, if changing Regis	stered Agent;	
	am familiar with and accept the obligations of the position.	
	· · · · · · · · · · · · · · · · · · ·	_
Signat	ture 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.

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	Address
1) X Change	_S_	ALEX FABELLI	8004NW1545t.
Add			SUITE 210
Remove			MIAMI, FL 33016
2) Change	_P	ALEXANDER PETRUZZELLI	8004 NW 154 St.
_X_ Add			SUITE 210
Remove			MIAHI, FL 33016
3) Change	<del></del>		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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	***************************************
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lf an amandment provides for an anal	hange, reclassification, or cancellation of issued shares,
ii an amenomeni provides for an exc	
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	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:

The date of each amendment(s) adoption:date this document was signed.	11 16 15	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	le date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of 9		rements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes east for t	he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
	dment(s) was/were sufficient for approval	
by(voti	.,,	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.		and shareholder
☐ The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and	shareholder
Dated	5 Dalsh	
(By a director, presi	dent or other officer - if directors or officers	
	rporator – if in the hands of a receiver, truste	ee, or other court
appointed fiduciary	by that fiduciary)	
	ALEX FABELLI	
	ALEX FABELLI Typed or printed name of person signing)	
	SECRETARY (Title of person signing)	
	(Title of person signing)	