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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 15AABIS CORP							
DOCUMENT NUMBER: P- 130000 93033							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
DA. SONIA B ELLIOTT Name of Contact Person							
15AABIS CORP Firm/ Company							
6350 WATLANTIC BLVD STE 5							
MARGATE, FL 33063 City/ State and Zip Code							
City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
DR. SONIA B. ELLIOTT at (561) 843 8925 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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301							

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE JUVISION OF CORPORATIONS

2016 AUG 15 AM 11: 29

	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the w	AL RESOURCES CAFE INC The new word "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	SOX) SAME AS IT IS
D. If amending the registered agent and/or regist	tered office address in Florida, enter the name of the
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address:
D. If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent	ed office address:
new registered agent and/or the new registere	ed office address:

Page 1 of 4

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add		1	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	N/A	
	N/A	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(у погаррисавіе, іпаісаїе мл.)		
	N/A	

The date of each amendment(s) adoption:			if other than the
date this document was signed.		5EC† 31VISIO	RETARY OF BIATO N OF CORFORALLS
Effective date <u>if applicable</u> :	08 20 2016 (no more than 90 days d	sECI)IVISIO after amendment file da n) 6 A	UG 15 AMII: 29
Note: If the date inserted in this block does document's effective date on the Department of		atutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number approval.	r of votes cast for the amendm	ient(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the am	` '		
by	oting group)		
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.			ıolder
The amendment(s) was/were adopted by th action was not required.	e incorporators without shar	reholder action and shareholde	er
Dated 08/11/2	016		
Signature A			
(By a director, pre	esident or other officer – if o	lirectors or officers have not b	een
	ry by that fiduciary)	of a receiver, trustee, or other	court
	Dr. SONIA B.	ELLIOTT	
	(Typed or printed name of	person signing)	
	PRESID	ENT	
	(Title of perso		