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	To:					
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Ö		Fax Number	: (850)617-6380			
	From:				76	
• •	C) QIII .	Account Name	: AB ALL SERVICES INC		2	
			: 120200000155		; »,	٠.
		Phone	: (305)882-1238	. •	:=	
-		Fax Number	: (305)882-1260		<u> </u>	
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN AB ALL SERVICES, INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

TO: Amendment Section

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_\_AB ALL SERVICES INC DOCUMENT NUMBER: P14000008941 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GISELA MUNOZ** Name of Contact Person AB ALL SERVICES INC Firm/ Company 1100 WEST 29TH STREET STE C Address HIALEAH, FL 33012 City/ State and Zip Code AB1100@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GISELA MUNOZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fec & **\$35** Filing Fcc ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AB ALL SERVICES INC				
(Name of Corporation as curr	ently filed with the Florida Dep	t. of State	)	
P14000008941				
(Document Numb	er of Corporation (if known)		•,	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation s	adopts the f	ollowing amendm	ent(s) to
A. If amending name, enter the new name of the corporation	ı			
name must he distinguishable and contain the word "corporation,	D. O	Tanaha ak	The new	
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation	or the and name must	contain the wor	d
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				•
,,	.,	_		
C. Enter new malling address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				
		<u> </u>	F3	
			F-23	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addition		me of the		
	(033:			
Name of New Registered Agent			<u></u>	1 7
(Florid	o street address)			
New Registered Office Address:	····	Placida	OF STATE	
New Regimered Office Address.	(City)	_, Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	ant.			
I hereby accept the appointment as registered agent. I um famili	ar with and accept the obligation	ns of the po	sition.	
Signature of Ne	w Registered Agent, if changing			
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	II) (a) E C			
- The amendment(s) to are being thee parsuant to 5, 507,0120 ()	, (u), 1 .u.			

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 Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	BRANDON GOMEZ	14802 NW 87TH COURT
Add			MIAMI LAKES, FL 33018
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			<del></del> .
6) Change		-	
Add			
Remove			

	sary). (Be specific)			
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V. 10	<del></del>			<del></del>
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an amendment provides for an covisions for implementing the	<u>n exchange, reclassi</u> e amendment if not	<u> Contained in the a</u>	ation of issued sha mendment itself:	res,
(If not applicable, indicate N	'/A')			
	<del></del>			· -
			· <u> </u>	

The date of each amendment	
date this document was signed	
Effective date if applicable:	1/22/2021
	(no more than 90 days after amendment file date)
	nis block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	s approved by the shareholders through voting groups. The following statement if 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)
1/19/2 Dated	)21
Signal	
(b)	a director, president or other officer – if directors or officers have not been officer, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	GISELA MUNOZ
	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)