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AUG 2 2 2017 S. PRATHER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: A & G ALL SUPF	PLY INC	
DOCUMENT NUME			····
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA E RUIZ		
		Name of Contact Person	9
	L & M ACCOUNTING SER	RVICES INC	
		Firm/ Company	
	7750 SW 117TH AVE SUIT	E 201D	
		Address	
	MIAMI FLORIDA 33183		
		City/ State and Zip Cod	e
MAR	IAQUIROS9@hotmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MARIA E RUIZ		305	595-2407 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

A & G ALL SUPPLY INC

(Name	of Corporation as currently	filed with the Florida Dep	t. of State)		_
P14000055392					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following a	mendment(s	i) to
A. If amending name, enter the new na	nme of the corporation:				
				he new	
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor	orated" or the abbi ation name must cor 	reviation itain the	
B. Enter new principal office address,					
(Principal office address <u>MUST BE A S</u>	(Principal office address MUST BE A STREET ADDRESS)		VI	17	
			28	E 7	ï
			<u> </u>		•
C. Enter new mailing address, if appl.	icable:		70 m	— : <u>-</u>	
(Mailing address MAY BE A POST				_로 !	
				-	•
			= = = = = = = = = = = = = = = = = = = =	<u> </u>	
D. If amending the registered agent ar new registered agent and/or the ne			ne of the	<del></del>	
Name of New Registered Agent	AGUSTIN GARCIA-DUA	ARTE			
	4201 VINEYARD CIRCL	E			
	(Florida stre	eet address)			
New Registered Office Address:	FT LAUDERDALE		. Florida 33332		
New Registered Office Address.	·	(City)	(Zip Cod	le)	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as negist	Juni		is 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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	GLADYS DE LA ROSA	4201 VINEYARD CIRCLE
Add				FT LAUDERDALE, FL 33332
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		-
Add				
Remove				
6) Change				
Add				
Remove				

If amending	or adding additional Articles, enter change(s) here:	
Attach additii	onal sheets, if necessary). (Be specific)	
		<u> </u>
		<del></del>
<u> </u>		<u> </u>
		-
		<del></del>
lf an amendr	ment provides for an exchange, reclassification, or cancellation of issued shi	ares,
(if not a	or implementing the amendment if not contained in the amendment itself: pplicable, indicate N/A)	
(9 1101 11)	Ancaste, marcate (Ant)	
<del></del>		
		- <u>-</u> -

. 07/26/2017		
The date of each amendment(s) adoption:	if other t	han the
date this document was signed.		
Effective date if applicable: 8/24/17		
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 document's effective date on the Department of State's records.	not be listed	d as the
Adoption of Amendment(s) (CHECK ONE)		
■ 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	٠	
(voting group)	EC A	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG 18 PM 4:	F
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	M 4: 2	,
O7/26/2017 Dated Signature 5	;" (3	
(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)	_	
AGUSTIN GARCIA-DUARTE		
(Typed or printed name of person signing)		
(Title of person signing)		
(Title of person signing)		