P14000086381

(Re	equestor's Name)	
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Amendais

MAR 2 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ABO & BOTTOIALJUE CORP The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAQUEL BARRIOS

Name of Contact Person PRO & BOY-101-161 NE
Firm/Company 11330 NW 99 PLACE

Address

SUNRISE FLORINA 33323

City/ State and Zip Code a.b. O O att. net

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAQUEL BARRIOS at (954) 900 / 33 ()

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 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 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

ABO/BOTTOMLINE, CORP

	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14	4000086381
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	X)
	Hongard - Company
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
,	(Florida street address)
New Registered Office Address:	, Florida
How registered Office nuaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
I nervoy accept the appointment as registered agent. I	i am jaminar wiin una accept the voltzations of the position.
Signa	ature 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	PT John J	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	CFO	JEAN PAUL UROUZO	4703 SU 8 8
Add			WIAMI PL 33/34
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			···
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

zudell a	dditional sheets, if necessary). (Be specific)
	
	· · · · · · · · · · · · · · · · · · ·
an am	endment provides for an exchange, reclassification, or cancellation of issued shares,
rovisio	ons for implementing the amendment if not contained in the amendment itself:
(if n	tot applicable, indicate N/A)
	100 SHARES VALOR NOTINAL \$ 100.00 SAARE
ρ	RADJEL BARRIOS 65% (65 SHARES)
	105/00 C 13BERTO OFF (83 SHIPES)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(P)	EAROLIMA BAILKIOS /0/. (10 SIARAS)
P	EAROLINA BARRIOS 10% (10 SHARES)
(P)	Jenn PALL UROUITO 95%. (25 SHARES)

The date of each amendment(s) adoption: 2/23/17	, if other than the
date this document was signed.	
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.	ll not be listed 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" (voting group)	
(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 2723/17	
Signature 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)	
$\left(\begin{array}{c} 1 \\ 1 \end{array} \right)$	
- KOOLE DURVID)	
(Typed or printed name of person signing)	
president	
(Title of person signing)	