## P150000 15314

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGEL BELLO GLOBAL GROUP					
DOCUMENT NUMBER: P15000015314					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
AMARELYS ANGEL BELLO					
Name of Contact Person					
AGENT NAME					
Firm/ Company					
5454 ROBERT SCOTT DR N					
Address					
JACKSONVILLE FL 32207					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Amarchy Angel Bello at 904 738 8890					
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					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## Articles of Amendment to Articles of Incorporation of

ANGEL-BELLO GLOBAL GROUP CORP.

( <u>Name</u> P15000015314	of Corporation as currentl	y filed with the Flo	orida Dept. of State)		
	(Document Number o	f Corporation (if kn	 own)		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corp	oration adopts the follo	wing amen	dment(s)
A. If amending name, enter the new i	name of the corporation:				
name must be distinguishable and contai "Inc" or Co.," or the designation " 'chartered," "professional association,	Corp. "Inc." or "Co". A	company," or "inco. professional corp	rporated" or the abbrev oration name must co	The iation "Corntain the w	**
B. Enter new principal office address	, if applicable:				
Principal office address <u>MUST BE AS</u>	STREET ADDRESS )			2020	<del></del>
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_ <b>≥</b>	ز ق
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		<del></del>			_
. If amending the registered agent as new registered agent and/or the ne	nd/or registered office addr	<u>ess in Florida, ente</u>	r the name of the		
	AMARELYS ANGEL BEL				
Name of New Registered Agent	5454 ROBERT SCOTT DR	<u> </u>		<del></del>	
	(Florida stre				
New Registered Office Address:	JACKSONVILLE	er unaress/	3220	7	
wew Registered Office Address;	(City)		Florida	ip Code)	<del>-</del>
			·	,	
ew Registered Agent's Signature, if c	hanging Registered Agents				
hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the o	bligations of the positio	n.	
	Signature of New Reg	gistered Agent, if ch	anging	_	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MG	LAZARO ANGEL BELLO	5454 ROBERT SCOTT DR N
Add			JACKSONVILLE FL 32207
X Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additiona attach additional sheets, if necessor	ary). (Be specific,	)			
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an amendment provides for an	exchange, reclassif	fication, or cancell	ation of issued sh	ares,	
rovisions for implementing the (if not applicable, indicate N/A	amendment if not	contained in the a	mendment itself:		
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	07/01/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
0° Effective date <u>if applicable</u> :	//01/2020	
	(no more than 90 days after amend	nent file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filin Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes c sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were a must he separately provided f	pproved by the shareholders through voting groups or each voting group entitled to vote separately on a	The following statement he amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for app	roval
by		·"
	(voting group)	
07/01/20 Dated	20	
Signature		
selec	director, president or other officer – if directors or ted, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary)	officers have not been r, trustee, or other court
	AMARELYS ANGEL BELLO	
	(Typed or printed name of person sign	ing)
	MANAGER	
	(Title of person signing)	