## 

| (Re                                     | questor's Name)    |                 |
|---|--------------------|-----------------|
| (Ad                                     | dress)             |                 |
| (Ad                                     | dress)             |                 |
| (Cit                                    | ty/State/Zip/Phone | <del>: #)</del> |
| PICK-UP                                 | MAIT               | MAIL            |
| (Bu                                     | isiness Entity Nam | ne)             |
| (Document Number)                       |                    |                 |
| Certified Copies                        | _ Certificates     | of Status       |
| Special Instructions to Filing Officer: |                    |                 |
|   |                    |                 |
|   |                    |                 |
|   |                    |                 |
|   |                    |                 |

Office Use Only



000278285990

11/12/15--01014--029 \*\*43.75

DIVISION OF CORPORATIONS

NOV 13 2015 CLEWIS

## **COVER LETTER**

**TO:** Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPORATION: F.A. B. CONSULTING_I CORP.  DOCUMENT NUMBER: PISODOZZ330                   |  |  |  |  |
| DOCUMENT NUMBER: P 130000 E 5 3 5 0   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                            |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                       |  |  |  |  |
| FELIPTE BASSI  Name of Contact Person   |  |  |  |  |
|   |  |  |  |  |
| F.A.B. CONSULTING-1 CORP.  Firm/Company  6001 NW 1535T + LOZ                                    |  |  |  |  |
| MIAMI LAKES A 33014   |  |  |  |  |
| City/ State and Zip Code  |  |  |  |  |
| FAB CONSULTING 10 GMAIL, Con E-mail address: (to be used for future annual report notification) |  |  |  |  |
| For further information concerning this matter, please call:                                    |  |  |  |  |
| FELIPIE BASS1 at (786) 502 21 78  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:   |  |  |  |  |
| \$\square\$ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$                            |  |  |  |  |
| Mailing Address Street Address  |  |  |  |  |

Amendment Section

Clifton Building

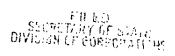
**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment** to

Articles of Incorporation



F. A. B. CONSULTING-1 CORP 15 NOV 12 PH 1:45

| (Name of Corporation as current   | ly filed with the Florida Dept. of State)                   |
|---|---|
| P 150000223   | 30  |
|   | of Corporation (if known)                                   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:                             | 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 word "corporation  | The new   |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation  | "Co". A professional corporation name must contain the      |
| B. Enter new principal office address, if applicable:   | 6001 NW 15357 \$ 102<br>MIAMI LAKES                         |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | MIAMI LAKES   |
|   | FL, 33014   |
| C. Enter new mailing address, if applicable:  | , , , , , , , , , , , , , , , , , , ,                       |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  | <u> </u>  |
|   | <i>VI</i>   |
|   |   |
| D. If amending the registered agent and/or registered office add<br>new registered agent and/or the new registered office address |   |
| Name of New Registered Agent  |   |
|   |   |
| (Florida st   | reet address)   |
| New Registered Office Address: 600   NW   | 5357+102 , Florida 33014                                    |
| •   | (City) MIAM! LAKES (Zip Code)                               |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent  | t:  |
| I hereby accept the appointment as registered agent. I am familiar  | with and accept the obligations of the position.            |
| - /   |   |
| <u> </u>  | 7   |
| Signature of New I  | 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.

| X Change                   | PT John                | Doe           |   |
|----------------------------|------------------------|---------------|---|
| X Remove                   | <u>V</u> <u>Mike</u>   | e Jones       |   |
| X Add                      | <u>SV</u> <u>Sally</u> | y Smith       |   |
| Type of Action (Check One) | <u>Title</u>           | <u>Name</u>   | <u>Addres</u> s                         |
| 1) Change                  | PB                     | ORLANDOTORRES | 79 50 NW 18357\$ 207                    |
| Add                        |                        |               | MIAMIFL 33015                           |
| Remove                     |                        |               |   |
| 2) Change                  | NB                     | JOSE PORRES   | 7950NW 18357 \$207                      |
| Add                        |                        |               | MIAMIFL 33015                           |
| Remove                     | $\odot$                | r-1 00 01     | 1 001 A) 1 (72 T 1102                   |
| 3) Change                  | <u></u>                | FELIPE BASSI  | 6001 NW 1535 \$102<br>HIAMILAKES A33014 |
| Add<br>Remove              |                        |               | MI HOUL CALESTO                         |
| <del></del> -              | 0                      | DATAPI RAMI   | 1 001 AV 1 1 52 8+ 102                  |
| 4) Change                  | YP                     | RAFAEL BASSI  | 6001NW 153 8T \$102                     |
| Add ,                      |                        |               | MIAMILAKES Ft 33019                     |
| Remove                     |                        |               |   |
| 5) Change                  |                        |               | <del></del>                             |
| Add                        |                        |               | <del> </del>                            |
| Remove                     |                        |               |   |
| 6) Change                  |                        |               |   |
| Add                        |                        |               |   |
| Damova                     |                        |               |   |

| E. If amending or adding ac<br>(Attach additional sheets, i                   | dditional Articles, enter change(s) here: if necessary). (Be specific)  |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | <del></del>   |
| ,   |   |
| F. If an amendment providence provisions for implement (if not applicable, in | es for an exchange, reclassification, or cancellation of issued shares, nting the amendment if not contained in the amendment itself: dicate N/A) |
|   |   |
|   |   |
|   |   |
|   |   |
| 7   |   |
|   |   |
|   |   |

| The date of each amendment(s) addate this document was signed.                | option:  | , if other than the       |
|---|--|---------------------------|
| Effective date if applicable:   | OCTOBER 15/2015  | <u>_</u>                  |
|   | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date artment of State's records.                                      | will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                           |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suf          | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.  |                           |
|   | oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                           |
| "The number of votes cast f   | or the amendment(s) was/were sufficient for approval   |                           |
| by  | <u>۸ / نا</u>  |                           |
|   | (voting group)   |                           |
| ☐ The amendment(s) was/were adoption was not required.                        | oted by the board of directors without shareholder action and shareholder  | 5 X                       |
| The amendment(s) was/were adopaction was not required.                        | oted by the incorporators without shareholder action and shareholder   | 15 NOV 12                 |
| Dated 10  | 115/2015   | PH :                      |
| Signature   | and  | <b>5</b> 💥                |
|   | ector, president or other officers in directors or officers have not been  |                           |
|   | , by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)                                 |                           |
| -   | FELIPE BASS / (Typed or printed name of person signing)  |                           |
|   | (Typed of printed name of person signing)  |                           |
| _   | SECRIE TARY (Title of person signing)  |                           |
|   | (Title of person signing)  |                           |