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AUG 2 0 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A & L AC SERV	ICE INC
DOCUMENT NUMBER: P15000035362	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
ALSTON ROBERTS	
	Name of Contact Person
	Firm/ Company
4401 W MCNAB ROAD L	JNIT 28
	Address
POMPANO BEACH, FLO	RIDA 33069
	City/ State and Zip Code
E-mail address: (to be a	used for future annual report notification) ase call:
ALSTON ROBERTS	at () 816-9698
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

FILED

Articles of Incorporation

15 AUG 17 AH 3: 58

A & L AC SERVICE INC

	JEORE	1884 () N/A
(Name of Corporat	tion as currently filed with the Flor	ida Dept of State)
P15000035362		
(Docu	ument Number of Corporation (if known	wn)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
•		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professiona	"incorporated" or the abbreviation la corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address if annivebles		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
l hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.

Signature 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CHANYE ROBERTS	4401 W MCNAB RD UNIT 28
Add X Remove			POMPANO BCH, FL 33069
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	y). (Be specific)
	<u> </u>

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an amendment provides for an e	vehance, reclassification, or cancellation of issued shares
<u>rovisions for implementing the a</u>	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
an amendment provides for an exrovisions for implementing the an (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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rovisions for implementing the a	mendment if not contained in the amendment itself:

, a second	08/15/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/17/2015	•
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent .
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/15/20 Dated	15	
Signature A	Sten Roberts	
	director, president or other officer - if directors or officers have not been	
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other cou	ırt
appo	inted fiduciary by that fiduciary)	
	ALSTON ROBERTS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	