

# P/50000580 86

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

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Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ABECOR CONSULTING INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$35.00 |

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November 25, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ABECOR CONSULTING INC  
19900 EAST COUNTRY CLUB DR SUITE 406  
AVENTURA, FL 33180

SUBJECT: ABECOR CONSULTING INC  
REF: P15000058086

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

ONLY ONE BOX SHOULD BE CHECKED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H15000280480  
Letter Number: 815A00024865

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FAX

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

H150002804803

NAME OF CORPORATION: Abecor Consulting Inc

DOCUMENT NUMBER: P15000058086

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Korn

Name of Contact Person

Kim Marks CPA, PA

Firm/ Company

2136 NE 123rd St

Address

North Miami, FL 33181

City/ State and Zip Code

stephen@kimmarkscpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Korn

at 305

895-5815

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

☐ \$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

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

H150002804803

Abecor Consulting Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000058086

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

19900 East Country Club Dr Suite 506

Aventura, FL 33180

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

19900 East Country Club Dr Suite 506

Aventura, FL 33180

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

Florida

(City)

(Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)                 | Title | Name          | Address                         |
|---|-------|---------------|---------------------------------|
| 1) <input checked="" type="checkbox"/> Change | P     | Eyal Abecasis | 19900 East Country Club Dr #506 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input type="checkbox"/> Remove               |       |               | Aventura, FL 33180              |
| 2) <input type="checkbox"/> Change            | P     | Arie Corcos   | 19900 East Country Club Dr #406 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input checked="" type="checkbox"/> Remove    |       |               | Aventura, FL 33180              |
| 3) <input type="checkbox"/> Change            |       |               |                                 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input type="checkbox"/> Remove               |       |               |                                 |
| 4) <input type="checkbox"/> Change            |       |               |                                 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input type="checkbox"/> Remove               |       |               |                                 |
| 5) <input type="checkbox"/> Change            |       |               |                                 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input type="checkbox"/> Remove               |       |               |                                 |
| 6) <input type="checkbox"/> Change            |       |               |                                 |
| <input type="checkbox"/> Add                  |       |               |                                 |
| <input type="checkbox"/> Remove               |       |               |                                 |

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**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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The date of each amendment(s) adoption: 11/24/2015, if other than the date this document was signed.

Effective date if applicable: 11/24/2015  
(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 not be listed as the document's effective date on the Department of State's records.

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)

☐ 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 11/24/2015

Signature Eyal Abecasis  
(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)

Eyal Abecasis

(Typed or printed name of person signing)

President

(Title of person signing)