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COVER LETTER

TO: Amendment Section

Division of Corporations

ALLIED FLORIDA GROUP INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDRA SHINEGO Name of Contact Person ALLIED FLORIDA GROUP INC Firm/ Company 2940 NE 164 ST Address NORTH MIAMI BEACH, FL 33160 City/ State and Zip Code INFO@ALLIEDFLORIDA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDRA SHINEGO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & **□\$43.75** 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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALLIED FLORII	DA GROUI	PINC

ALEIED FEORIDA GROOF INC					
(Name of Corpora	ation as currently f	iled with the Florida	Dept. of State)		
P15000071537					
(Doc	ument Number of C	orporation (if known)		-	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Fle</i>	orida Profit Corporatio	on adopts the follo	owing amend	iment(s) t
A. If amending name, entershe new name of the	corporation:			<u>ن کر</u>	2
N/A				The	<u>ح</u> ر مورد
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the contains and the contains a	rp," "Inc," or "Co	". A professional cor	orporated" or the poration name m	ne abbrevia nust contain	tion the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	<u>ble:</u> DDRESS)	<i>\)/</i> 	A	FLORING	# - 35
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	B OX)	N/A	}		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office addres ed of fice address:	s in Florida, enter the	name of the		_
Name of New Registered Agent		N/A			
	(Florida street	address)			
V'	,	······	P1 *1		
New Registered Office Address:	(C	ity)	, Florida	(Zip Code)	_
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar wit	h and accept the obliga	ations of the posit	ion.	
	ianature of New Rea	istored Agent if chang	ina		

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>şv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S		GEORGE VALLEJO	2940 NE 164 ST
X Add		_		N. MIAMI BEACH, FL 33160
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add	<u></u>	_	, , , , , , , , , , , , , , , , , , ,	
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
6) Change		-		
Add				
Remove				

	r adding additional, nal sheets, if necessar	y). (Be specific	c)			
	NA					
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lf an amendn	ent provides for an	exchange, reclas	sification, or car	ncellation of iss	ued shares,	
provisions fo	r implementing the applicable, indicate N/A	amendment if no	ot contained in t	<u>he amendment i</u>	itself:	
(ij noi up		• •				
	10/4					
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The date of each amendment(s) adoption:, if other than the date this document was signed.
(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)
(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.
SEPTEMBER 15, 2015 Dated
Signature Signature
(By a director, president or other office - if directors or officers have not been
selected, by an incorporator – if in the hands of a feceiver, trustee, or other court appointed fiduciary by that fiduciary)
SANDRA SHINEGO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)