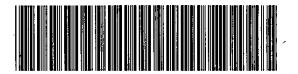
P16000028146

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A& B LIQU	IDATION INC	
DOCUMENT NUM	_{BER:} P1600002814	6	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	PABLO A RODRI	IGUEZ	
		Name of Contact Person	
	BEST QUICK TA	X RETURN	
		Firm/ Company	
	320 SOUTH BUM	1BY AVE. SUITE	. 10
		Address	
	ORLANDO, FL 32	2803	
		City/ State and Zip Code	,
BC	ITR@MSN.COM	٠	•
		ed for future annual report n	otification)
For further information	n concerning this matter, pleas	e call:	,
PABLO A RO	ODRIGUEZ	at (407	、896-7921
Name	of Contact Person	Area Cod	896-7921 e & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depar	tment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Division Clifton I 2661 Ex	nent Section n of Corporations

Articles of Amendment **Articles of Incorporation** of

A&B LIQUIDATION INC

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

nt(s) to

P16000028146	~
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable:	·
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
_	
_	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in	Elastida entas the na ma of the
new registered agent and/or the new registered office address:	Pioriua, enter the hame of the
Name of New Registered Agent	
Traine of Few Registered Figure	
(Florida street add	ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of the position.
Cinnature of New Begintered Agent	if changing

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 <math>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>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>			<u>Addres</u> s
1) Change	VP	GEO	RGE ALMEID	Α_	15155 W COLONIAL DR
Add			•		WINTER GARDEN, FL 34778
X Remove					
2) Change	S	CIER	RRA D'ALMEID	Α	15155 W COLONIAL DR
Add					WINTER GARDEN, FL 34778
X Remove					
3) Change	VP	CIER	RRA D'ALMEID)A	15155 W COLONIAL DR
X_Add					WINTER GARDEN, FL 34778
Remove					
4) Change					
Add					
Remove					
5) Change		_		····	
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if ne	tional Articles, enter ecessary). (Be spec	ific)		
· · · · · · · · · · · · · · · · · · ·				
			<u></u>	
				
If an amendment provides for provisions for implementin (if not applicable, indica	g the amendment if	assification, or ca not contained in	nncellation of issue the amendment its	d shares, elf:

The date of each amendment(s) a	doption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated 04/16/	2016
selecte	irredor, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	GEORGE ALMEIDA
	(Typed or printed name of person signing)
	VP
	(Title of person signing)