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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: AB Brothers USA	INC.		
DOCUMENT NU	D1/000017017			
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Johania Tomas Diaz			
Name of Contact Person			i	
Comapny- AB Brothers USA INC.				
Firm/ Company				
	6049 SW 128 CT			ω) (A)
	· · · · · · · · · · · · · · · · · · ·	Address		ZS.
	Miami, Florida 33183			SECRETARY OF STATE
		City/ State and Zip Code		- 3
	abbrothersusa@gmail.com			SET OF
	E-mail address: (to be us	sed for future annual report	notification)	11 S
For further information	tion concerning this matter, plea	se call:		L (IE
Johania Tomas Dia	2	786 at (760-7413	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	 Г
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

NB Brothers USA INC.

(Name of Corporation as currently filed with the	he Florida Dept. of State)		
P16000047047			
(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	t Corporation adopts the follow	ring amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."			**
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2923 HAY 12 SECRETALL	mress
D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	a, enter the name of the	PN 2: 36 CHISTATE SISHE, FL	Ĭ
Name of New Registered Agent		_	
(Florida street address)		 .	
New Registered Office Address: (City)	, Florida	ip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	ot the obligations of the position	2.	
Signature of New Registered Ages	nt. if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Ivan Antigua	6049 SW 128 Ct. Miami FL 33183
Add			ું છે.
x Remove			SECRETALLALA
2) Change			77.72
Add			
Remove Change			2 PH COUNTE
Add			
Remove			
4) Change		•	
Add			
Remove			
5) Change	** 1 \$ 1 B 1		
Add			
Remove			
6) Change			
Add			**************************************
Remove			

	• 04/19/2023			
	The date of each amendment(s) adoption:ate this document was signed.	, if oth	her than	the
u	04/19/2023			
E	Effective date if applicable:			
	(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 ocument's effective date on the Department of State's records.	ll not be l	listed as	the
A	Adoption of Amendment(s) (CHECK ONE)			
Ū	The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d sharehol	lder	
9	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.			
<u>-</u>	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	SECRETARY OF ST	2023 HAY 12	••• •••
	by	동의	N	7-
	(voting group)	<u> </u>	2	i
		m c	Ÿ	į
	04/19/2023	E G	PM 2: 36	
	Dated	मि	0.	
	Signature (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)	_		
	Johania Tomas Diaz			
	(Typed or printed name of person signing)		_	
	PSD			
	(Title of person signing)			