# P16000051353

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TENEDRATOR STAFF

JUL 0 1 2018

C. CARROTHERS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RALD ABRAHA	M ALL SERVICES CORP	
DOCUMENT NUMB	ER: P16000051353		
The enclosed Articles of	f Amendment and fee are so	ubmitted for filing.	
Please return all corresp	condence concerning this ma	atter to the following:	
		DOIRA E DIAZ YNFANTI	E
<del>-</del>		Name of Contact Person	
	RALI	O ABRAHAM ALL SERVI	CES CORP
-		Firm/ Company	
	10-	490 SW 12 TERRACE # 20	2
-		Address	
		MIAMI ,FLORIDA	33174
_		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	RAULA	ALARAD@GMAIL.COM	
<del></del>		sed for future annual report i	notification)
For further information	concerning this matter, plea	se call:	
DOIRA E DIAZ Y	NFANTE	at (	671-9599
Name of	Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Divisior Clifton 1	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

KALD A	BRAHAM ALL SERVICES CORP
(Name of Corporat	on as currently filed with the Florida Dept. of State)
	P16000051353
(Docur	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The name
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	PECC)
C. Enter new mailing address, if applicable:	RESS )
(Mailing address MAY BE A POST OFFICE BO	9
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.
Sign	ture 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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	RONALD RAUL LARA DIAZ	10490 SW 12TH TERR APT 202
X Add			MIAMI FLORIDA 33174
Remove			
2) Change	MGR	KIANY E RIVAS VARGAS	10490 SW 12TH TERR APT 202
XAdd			MIAMI FLORIDA 33174
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			- Mary say
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
· · · · · · · · · · · · · · · · · · ·	
f on smendment negvides for an eval-	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:, if other	er than the
date this document was signed.		
	06/17/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more many agen amonament) in the con-	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	sted 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(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
action was not required.  The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
06/17/2	:016	
Dated		
Signature (By a	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 court inted fiduciary by that fiduciary)	
	DOIRA E DIAZ YNFANTE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_