## P16000052148

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DIVISION OF CORPORATION:

JUL 5 2016 C LEWIS

## COVERLETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ABE SERVICE G	ROUP, INC.	
DOCUMENT NUMBI	ER:P16000052148		
	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
ĭ	MANUEL POZO		
_		Name of Contact Perso	on
,	ABE SERVICE GROUP, IN	IC.	
<del>-</del>		Firm/ Company	
1	1820 ISLAND DR		
_		Address	
1	MIRAMAR, FL 33023		
_		City/ State and Zip Co	de
donma	nuel62@yahoo.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	concerning this matter, please	se call:	
MANUEL POZO		954 at (	) 624-6423
Name of	f Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)
Amer Divis	ing Address Indment Section Ion of Corporations Box 6327	Amen Divisi	t Address dment Section ion of Corporations n Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION

ABE SERVICE GROUP, INC.

2016 JUN 28 PM 12: 48

(Name of Corneration	on as currently filed with the Florida Dept. of State)
P16000052148	in as currently med with the Fibrida Dept. of State
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	rporation:
N/A	The new
name must be distinguishable and contain the word "Corp" "Inc.," or Co" or the designation "Corp, word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regination hereby accept the appointment as registered agent. If	
Signa	uture 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	Address
1) Change	VP	N	MAXIMO A CELESTE	1820 ISLAND DR
X Add				MIRAMAR. FL
Remove				33023
2) Change				
Add			·	
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Channa				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	,
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	06/22/2016		
The date of each amendment(s	) adoption:	,	if other than the
date this document was signed.		FILE	Eu
Effective date if applicable:		SECRETARY DIVISION OF CO	OF STATE
Effective date if applicable.	(no more than 90 days after amendment file date)		WE ON HIM
		.2016 JUN 28	PM 12: LB
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will no	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amer e sufficient for approval.	ndment(s)	
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment		
"The number of votes o	ast for the amendment(s) was/were sufficient for approval		
by	,,		
.,	(voting group)		
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and shadopted by the incorporators without shareholder action and shareholder		
action was not required.			
06/22/2 Dated	016		
<del></del>			
Signature			
sele	a director, president of other officer – if directors or officers have neeted, by an incorporator – if in the hands of a receiver, trustee, or ot ointed fiduciary by that fiduciary)		
	MANUEL POZO		
	(Typed or printed name of person signing)	, _	
	PRESIDENT		
	(Title of person signing)		