P17000029715

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SECRETARY OF STATE

MAY 1 0 2017 S. PRÄTHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALBOPRO IN	VESTMENTS,	INC		
DOCUMENT NUMI	BER:P170000297	15			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	ALEXIS :	BOCANEGRA			
		Name of Conta	ct Person		
	ALBOPRO INVESTMENTS INC				
		Firm/ Com	pany		
	10735 NW 83 CT.				
	Address				
	PARKLAND, FLORIDA 33076				
		City/ State and	Zip Code		
	ALBOCANEGRA@MI	MERCANTIL.C	COM.PE	}	
	E-mail address: (to be us	sed for future annu	al report i	notification)	
For further information	n concerning this matter, pleas	se call:			
ALEXIS 1	BOCANEGRA	at (_ 9	54	_) 650-1541	
Name o	of Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Flor	ida Depai	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314		Amenda Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

ALBOPRO INVESTMENTS, IN	IC .
(Name of Corporation	n as currently filed with the Florida Dept. of State)
p17000029715	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDI</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 registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position.
погод иссері те арропинет из геділегей адет.	am jammai wiin ana accept the voitgations of the position.
Signat	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.

Example: 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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALEXIS BOCANEGRA	10735 NW 83 CT
X Add			PARKLAND, FL 33076
Remove			
2) X Change	VP	MARCO FORTON	
Add	•		
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(4)

The date of each amendment(s) adoption: _	APRIL 27,2017	, if other than th
date this document was signed.	•	
Effective date if applicable: APRIL	27, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date we f State's records.	vill not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oling group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	<u></u>
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	THE TELES
Dated APRIL 27, 2	2017	FILED MAY 10 PM 3:
Signature		<u> 등상</u> 상
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	Rio.
	ALEXIS BOCANEGRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	