P170004742a

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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2017 JUN 15 PH 1: 12
SLUBETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
JUN 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ALL BUSINESS.I	BUSINESS INC	
DOCUMENT NUMBI	ER: P17000047622		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	OSE FIGUEROA		
		Name of Contact Persor	1
I	CON TAX SERVICES		
_		Firm/ Company	
9	400 W FLAGLER ST #407		
-		Address	
N	ИІАМІ, FL. 33174		
		City/ State and Zip Code	2
icontax	services@gmail.com		
		sed for future annual report	notification)
	. `	•	
For further information	concerning this matter, pleas	se call:	
JOSE FIGUEROA		at (305	3160089
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUN 15 PM 1: 12

ALL BUSINESS.BUSINESS INC		MODELS OF STATE
(Name of Corporat	ion as currently filed	with the Florida Dept. of State) ASSEE. FLORI
17000047622		<u> </u>
(Docu	ment Number of Corp	oration (if known)
ursuant to the provisions of section 607.1006, Floric Articles of Incorporation:	Ia Statutes, this <i>Floria</i>	da Profit Corporation adopts the following amendmen
If amending name, enter the new name of the c	orporation:	
LL BUSINESS BUSINESS INC		The new
	p," "Inc," or "Co".	company," or "incorporated" or the abbreviation A professional corporation name must contain the
Enter new principal office address, if applicable	la.	N/A
Principal office address <u>MUST BE A STREET AD</u>		
	_	
. Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)	IVA
	_	
If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the name of the
HEW LEGISTER ARENT ARRIVER THE HEW LEGISTER ET	office audiess.	
	NI/A	
Name of New Registered Agent	N/A	
	N/A	
	(Florida street add	dress)
		dress), Florida(Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) N/A Change		_		
Add				
Remove				
2) N/A Change				
Add				
Remove				
3) N/A Change				
Add				
Remove				
4) N/A Change				
Add				
Remove				
5) N/A Change		_		
Add				
Remove				
				
6) N/A Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	N/A	
	·	
		
	···-	
		
f an amendment provides for an exch	ange, reclassification, or cancellation	of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation adment if not contained in the amend	of issued shares, ment itself:
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provisions for implementing the ame	ndment if not contained in the amend	of issued shares, ment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 06/09/2017 Effective date if applicable:	
(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing requir document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
06/09/2017 Dated	
Signature	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
ADOLFO E HERRERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	