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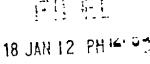
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABIAS DETAIL O	GROUP INC	
DOCUMENT NUMBER: P17000047638		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
GRAZIELE M SCHUBERT		
	Name of Contact Person	1
ABIAS DETAIL GROUP IN	IC	
	Firm/ Company	
2159 NURSERY RD APT 24	4 5	
	Address	
CLEARWATER , FLORIDA	A, 33764	
	City/ State and Zip Code	e
graze290@gmail.com		
	sed for future annual report	notification)
5 11211 3301 525. (10 50 45	To to to the top of th	notification)
For further information concerning this matter, pleas	se call:	
GRAZIELE M SCHUBERT	978) 2022111
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ortment of State:
\$35 Filing Fee \$\times \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ABIAS DETAIL GROUP S# 13 1 <u>1</u> 11 1 (Name of Corporation as currently filed with the Florida Dept. of State) P17000047638 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) . Florida N/A New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	ALEXANDER D LEITE	2159 NURSERY RD	
Add			CLEARWATER, FLORIDA	
X Remove			33764	
2) Change	Т	YGOR V SCHUBERT SIQUEIRA	2159 NURSERY RD	
, Add			CLEARWATER, FLORIDA	
X Remove			33764	
3) Change				
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
4) Change				
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
5) Change				
Add				
Remove			 	
6) Change		_		
Add				
Remove				

(Attach a	nding or adding additional Ai additional sheets, if necessary)). (Be specific)			
I/A					
					
					<u> </u>
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<u>lf an an</u>	mendment provides for an ex	change, reclassific	ation, or cancella	tion of issued shar	<u>es,</u>
<u>provis</u>	sions for implementing the and for applicable, indicate N/A)	nendment ii not co	ntained in the am	endment itseit:	
I/A					
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	12/13/2017	
The date of each amendment		, if other than the
date this document was signed		
	12/13/2017	
Effective date if applicable:	(no many than 00 d	days after amendment file date)
	(no more inan 90 a	usys after amenament file date)
	this block does not meet the applicable Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	e adopted by the shareholders. The nurre sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/wei must be separately provide	e approved by the shareholders through d for each voting group entitled to vote	th voting groups. The following statement te separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were so	sufficient for approval
by		,,
	(voting group)	
_		thout shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without	t shareholder action and shareholder
se	y a director, president or other afficer	- if directors or officers have not been ands of a receiver, trustee, or other court
	GRAZIELE M SCHUBERT	
	(Typed or printed name	ne of person signing)
	PRESIDENT	
	(Title of p	person signing)