

From: Robert Fanjul  
6/1/2017

Fax: (877) 503-6086

To:

Fax: (850) 617-6380  
Division of Corporations

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# P17000048692

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : FANJUL CPA, INC.  
Account Number : I20130000039  
Phone : (305)244-0769  
Fax Number : (877)503-6086

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ABEL PEREIRA CORP**

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From: Robert Fanjul

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FILED  
SECRETARY OF CORPORATION  
JUN -7 PM 4:26

Articles of Amendment  
to  
Articles of Incorporation  
of

ABEL PEREIRA CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000048692

(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:

*The new 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."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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 ABELARDO PEREIRA-CABRAL

800 NE 12TH AVE SUITE E222

(Florida street address)

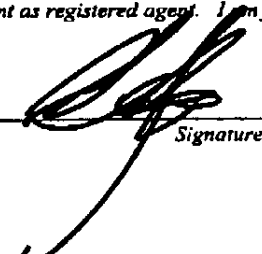
New Registered Office Address: HOMESTEAD, Florida 33030

(City)

(Zip Code)

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.*

x   
Signature of New Registered Agent, if changing

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	ABELARDO PEREIRA	800 NE 12TH AVE
<input type="checkbox"/> Add			SUITE E222
<input checked="" type="checkbox"/> Remove			HOMESTEAD, FL 33030
2) <input type="checkbox"/> Change	P	ABELARDO PEREIRA-CABRAL	800 NE 12TH AVE
<input checked="" type="checkbox"/> Add			SUITE E222
<input type="checkbox"/> Remove			HOMESTEAD, FL 33030
3) <input type="checkbox"/> Change	VP	SOLANGE LOPEZ	800 NE 12TH AVE
<input type="checkbox"/> Add			SUITE E222
<input checked="" type="checkbox"/> Remove			HOMESTEAD, FL 33030
4) <input type="checkbox"/> Change	VP	SOLANGEL LOPEZ	800 NE 12TH AVE
<input checked="" type="checkbox"/> Add			SUITE E222
<input type="checkbox"/> Remove			HOMESTEAD, FL 33030
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



H170001531993

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"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 and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

06/06/2017  
Dated \_\_\_\_\_

Signature  \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ABELARDO PEREIRA-CABRAL

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)