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To:

Division of Corporations

Fax Number

; (859)617-6389

from:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000045 Phone : (904)375-1652

Phone : (904)375-1652 Fax Number : (800)323-1074

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

Email Address: MCAPULLA @LIVE. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN AWALABS INC

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	Division of Corporations	į

Division of Corpo	rations					
NAME OF CORPOR	ATION:	AWALABS INC				
DOCUMENT NUMB		P17000050472				
The enclosed Articles of	of Amendment and foe are su	bmitted for filing.				
Please raturn all corres	condence concerning this ma	iter to the following:				
		MONICA B CAPULLA	4			
•	Name of Contact Person					
	MIAMI BUSINESS SOLUTIONS INC					
•	Pirm/ Company					
	2341 EGREMONT DR					
•	Address					
	ORANGE PARK, FL 32073					
•	City/ State and Zip Code					
		MCAPULLA@LIVE.COM	M			
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, please	se cáll:				
MONIC	A B CAPULLA	904 at (305-7851			
Name of Contact Person			de & Daytime Telephone Number			
Englosed is a check for	the following amount made	payable to the Florida Depo	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Piling Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mail	ing Address	Street	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Canter Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation oſ

AWALABS INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000050472 (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 RE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY RE 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 (Florida street address) New Registered Office Address: Florida (Zip Code) (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, (I'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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VPTD	BERNARD G ARNELLI	1001 BRICKELL BAY DR #2700
X Add			MIAMI, FL 33131
Remove			
2) Change			
Add			
Remove			<u></u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Chango	******		
Add			
Remove			
.			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

	adding additional A). (Be specific)	<u></u>		
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lf an amendme	<u>it provides for an ex</u>	change, reclassifi	cation, or cancella	ition of Issued sha	<u> </u>
provisions for	Implementing the ar	nendment if not c	ontained in the an	eendment itself:	
(3) (4)					
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	SEPTEMBER 01, 2017	
The date of each amendment(s) as date this document was signed.	toption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	tock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ne will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pied by the shareholders. The number of votes cast for the amendments fficient for approval.	s)
	raved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde	ır
☐ The amendment(s) was/were add action was not required.	opted by the incurporators without shareholder action and shareholder	
Dated	9/91/2017	
Signature	In KA	
	instior, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
арроіл	ted fiduciary by that fiduciary)	
	LESLIE C'LEAL	
	(Typed or printed name of person signing)	, <u></u> , , <u></u>
	PRESIDENT	
	(Tida of poscar cianiaa)	