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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AVILBER DOLLA	AR STORE INC	
DOCUMENT NUMB	ER:		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	HOTTO M AVILA REYES		
-		Name of Contact Persor	1
	AVILBER DÖLLAR STÖRI	EINC	
-		Firm/ Company	
	215 SW 17TH AVE 203A	7 mm Company	
-		Address	
	MIAMI FL 33135		
-		City/ State and Zip Code	:
MIAN	IIBROTHERSLLC@ HOTM	AIL.COM	/
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		
HOTTO M AVILA R	EYES	at (<u>305</u>	508 0428
Name e	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	irtment 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)
Ame Divi P.O.	iing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisic Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

AVII	BER	DOL	LAR	STOR	E,INC.

P17000061237		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopts t	he following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or		
word "chartered," "professional association." or the abbreviation	; "P.A."	
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		- Fig. 97
		<u> </u>
C. Enter new mailing address, if applicable:	215 SW 17TH AVE 203A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MIAMI FL 33135	

D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of t	the
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent HOTTO M AVILA RE	YES	
215 SW 17TH AVE 20.	3A	
	street address)	
Name Provided and Office Address MIAMI	Flori	33135 ida
New Registered One Charless.	(City)	tZip Coder
ıFlorida	street address), Flori	ida

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: XChange	<u>PT</u>	<u>John D</u>	<u>)e</u>	
X Remove	\underline{V}	Mike Jo	ones .	
X Add	\underline{SV}	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		GLORIA E BERNAL MARTINEZ	1229 NW 6TH ST APT 5
Add				MIAMI FL 33125
X Remove				
2) Change	Р		HOTTO M AVILA REYES	215 SW 17TH AVE 203A
X Add				MIAMI FL 33135
Remove				
3) Change	S		GLORIA E BERNAL MARTINEZ	1229 NW 6TH ST APT 5
Add				MIAMUFL 33125
X Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		<u> </u>
Add				
Remove				

(Attach additional st	ling additional Article heets, if necessary). — (i	Be specific)				
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. If an amendment	provide <u>s for an exch</u> an	ige, reclassificati	on, or cancellat	ion of issued shar	res.	
provisions for im	plementing the amend	ment if not cont	ained in the ame	endment itself:		
	ible, indicate N/4)					
N/A						
· · · · · · ·						
-						
	·····					

	08/07/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	707/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	(e)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
☐ The amendment(s) was/were : must be separately provided.	pproved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendn	ving statement vent(s):
"The number of votes co	st for the amendment(s) was were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were action was not required.	idopted by the incorporators without shareholder action and sha	reholder
08/07/2 Dated Signature	Alpha La	
(By sele	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, c sinted fiduciary by that fiduciary)	
	HOTTO M AVILA REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	