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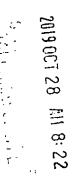
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AVILBER DOLL	AR STORE, INC.	
DOCUMENT NUMBE			
	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
H	otto M Avila Reyes		
_		Name of Contact Perso	n
A	VILBER DOLLAR STOR	E, INC.	
_		Firm/ Company	
2	15 SW 17TH AVE 203A		
_		Address	
N	fiami Fl 33135		
_		City/ State and Zip Cod	e
miamib	rothersllc@hotmail.com		
	~	sed for future annual report	notification)
For further information of Hotto M Avila Reyes	concerning this matter, pleas	se cali: 305	508 0428
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisi P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

AVILBER DOLLAR STORE, INC.

(Name of Corporati	on as currently filed	with the Florida Dep	ot. of State)			
P17000061237						
(Docum	nent Number of Corp	oration (if known)				
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Floria	la Profit Corporation :	idopts the fo	llowing an	nendme	nt(s) t
A. If amending name, enter the new name of the co	orporation:					
					e new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co".				tain the	
projessional association, or the	abbit change 1.21.			· .	2019	
B. Enter new principal office address, if applicable					_ _	
(Principal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u>)			:	$\overline{\Box}$	
				:	()	
	_					
C. Enter new mailing address, if applicable:					_ <u></u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<u>. </u>	⇔	•
				•	~	
D. If amending the registered agent and/or register	red affice address in	Florida enter the na	me of the			
new registered agent and/or the new registered		riorida, enter the na	me or the			
Name of New Registered Agent						
						
	(Florida street ado	(ress)				
New Registered Office Address:			. Florida			
	(City)			(Zip Code	·)	
New Registered Agent's Signature, if changing Reg						
hereby accept the appointment as registered agent.	t am familiar with ar	ad accept the obligation	ns of the posi	tion.		
Cirm	atura of Nam Posista	red 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.

X Change	<u>PT</u>	John Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name		<u>Add</u>	<u>res</u> s	
1) Change	<u>V</u>	Gissela A.	arguijo-Luna	1325	0 SW 46th St	
x Add				Mian	ni FL 33175	
Remove						.
2) Change						
Add						
Remove						
3) Change						
Add						
Remove				- 		
4) Change						
Add						
Remove					_	
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	ding or adding a additional sheets,	if necessary).	(Be specific))			
	<u> </u>						
		_					
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						 .	
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						•	
an am	endment provid	les for an eych	anga raclassi	fication or e	ncallation of i	senad charac	
rovisio	ons for impleme	nting the amer	ndment if not	contained in	the amendmer	it itself:	
(if n	not applicable, in	idicate N/A)					
-							
					-	·	
					 .		
		 					
<u>-</u>							

	10/24/2019	
The date of each amendment(date this document was signed.	s) adoption:	, if other thar
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/24/2 Dated	019	
Signature	HAT	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	Hotto M Avila Reyes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the

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