P170000 62815

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Amend

JUL 23 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ABEL ONE SUPP	LIES INC	
DOCUMENT NUMB			
The enclosed Articles a	f Amendment and fee are su	bmitted for filing,	
Please return all corres _l	nondence concerning this ma	tter to the following:	•
(Gabriel Lopez		
-		Name of Contact Person	1
	Abel One Supplies		
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	10302 NW South River Dr. #	20	
•	Address		
:	Medley, FL 33178		
-	·-	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
gloria(@glocecol.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	y and a second pro-		
Juan C Perez		954 at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 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 Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building yearing Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Abel One Supplies Inc	•
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000062815	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>ω</u>
	=
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) Florida (Zip Code)
	(-14)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familian	r 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Jorge Hernandez	14226 SW 170th Street
X Add			Miami. FL 33177
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			· .
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)			
				· · · · · · · · · · · · · · · · · · ·
				_
	- 			
				<u> </u>
				_
			•	
	<u>. </u>	······		
			·	
. If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification andment if not contain	i, or cancellation of ned in the amendme	issued shares, ent itself:	
ssued shares (total 100 outstanding):				
Jathalia Perez 51				
Gabriel Lopez 30	·			
orge Hernandez 19				
			•	

	7/1/19	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1/19	
Effective date <u>if applicable</u> :		
	(no more that	n 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I		plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
	st for the amendment(s) was/v	• •
by	(voting group)	<u></u>
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators w	vithout shareholder action and shareholder
7/1/19 Dated		
Signature	Gabrici Aspel) <u>, </u>
(By a selec	•	officer – if directors or officers have not been if the hands of a receiver, trustee, or other court ary)
	Gabriel Lopez	•
	(Typed or print	ed name of person signing)
	President	
	(Ti	tle of person signing)