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COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: ALL FINANCE FOUNDING, INC.						
		R: <u>P170000 82</u>				
The enclosed Art	icles of	Amendment and fee are sul	omitted for filing.			
Please return all o	Please return all correspondence concerning this matter to the following:					
		ALBERTA	D BABOT			
			Name of Contact Perso	on .		
	_	ALL FU		pine, Inc.		
			Firm/ Company			
	_	5005 Ca	DLUNS AVE	# 1424		
			Address			
		MIAHI BEACI	+ , FL 3314	O		
			City/ State and Zip Coo	de		
		ababot 922	@ AOL. COM			
_		E-mail address: (to be us	ed for future annual repor	t notification)		
For further information concerning this matter, please call:						
		BABOT	at (786	ode & Daytime Telephone Number		
N	ame of	Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fo	ce	□\$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)		
Mailing Address				t Address		
Amendment Section			Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation

ALL FIMANCE T			
	·	filed with the Florida Dept.	of State)
P110000 822	16		
	(Document Number of	Corporation (if known)	
tursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s) to
. If amending name, enter the new nar	ne of the corporation:		
N/A			The new
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	tion "Corp," "Inc," or "C	Co". A professional corporat	
B. Enter new principal office address, it	f applicable:	N/A	
Principal office address <u>MUST BE A ST</u>			
C. Enter new mailing address, if applic	able:	. /	
(Mailing address MAY BE A POST O		N/A.	
). If amending the registered agent and	l/or registered office addre	ess in Florida, enter the nam	e of the
new registered agent and/or the new	registered office address:		
Name of New Registered Agent	ALBERTO	BAROT	
	ENDS COLL	NS AVE # 142	4, MIAMI BEACH, FL 3311
	(Florida stre	et address)	
New Registered Office Address:	SOOT COLUNS A	1VE #1424 M. BERUH	Florida 3314
New Registered Office Address.	((City)	(Zip Code)
New Registered Agent's Signature, if ch		ear is car file as	
hereby accept the appointment as registe	red agent. I am Jamiliar w ••••••••••••••••••••••••••••••••••••	ith and accept the obligations	37-17
	1 .	4	
	Je Call	/ • ·	SE TO
	Signature of New Re	egistered Agent, if changing	Ta o m
	/		
			145 146 T

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>	Name	<u>Addres</u> s
1) Change			
Add		1	
Remove			
2) Change			
Add			χ .
Remove			
3) Change		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Add			
Remove		l	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			tamakin salam salam salam sayan ay
Remove			

(Attach 'additional s	ding additional Article heets, if necessary).	(Be specific)				
	1 A) 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		**************************************			
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provisions for in	provides for an excha plementing the amen able, indicate N/A)	inge, reclassific dment if not co	eation, or cance ontained in the	ellation of issue amendment itse	d shares, elf:	
	<u> </u>					
		A				
		1	•			

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 dat document's effective date on the Department of State's records.	e will not be listed as the
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy" (voting group)	
(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.	r
Dated	
(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)	i
ALGERTO BADOT.	
(Typed or printed name of person signing)	
DRECTOR.	
(Title of person signing)	