P17000085045

(Requestor's Name)				
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section

Division of Corporati					
NAME OF CORPORAT	ION:	Abby Ally Lola Inc.			
DOCUMENT NUMBER	:	P17000085045			
The enclosed Articles of A	mendment and fee are s	ubmitted for filing.			
Please return all correspond	dence concerning this m	atter to the followin	ig:		
		Kevin Elwel	tl		
		Name of Contac	ct Person	1	
		Firm/ Com	pany	 _	
		6534 Carrington	Sky Dr.		
		Address	s		
		Apollo beach, Fl.	. 33572		
		City/ State and 2	Zip Code	_	
		liborios2021@gr	mail.com	1	
	E-mail address: (to be u	sed for future annua	ıl report i	notificat	ion)
or further information con-	cerning this matter, plea	se call:			
Nelson Castellano		at (813)	623-1318
Name of Cor	itact Person	Ā	Area Cod	e & Day	time Telephone Number
nclosed is a check for the t	following amount made	payable to the Flori	da Depai	rtment of	f State:
\$35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional copy enclosed)		Certi Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy closed)
Mailing Address Amendment Section			Street A		
Amendme Division o		Amendment Section Division of Corporations			
P.O. Box 6				Fallahassee	
Tallahasse				e Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

2021 OCT 28 PN 4: 37

Abby Ally Lola Inc.

(N1 + f C + t			A DE GIATO	
(Name of Corporation as current	ly filed with the Florid	a Dept. of State) <u>((m. 51</u>	
P170000	85045			
(Document Number of	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corpora	tion adopts the f	ollowing amendment(
If amending name, enter the new name of the corporation:				
N/			The new	
me must be distinguishable and contain the word "corporation," " nc.," or Co.," or the designation "Corp," "Inc," or "Co" hartered," "professional association," or the abbreviation "P.A."	4 professional corporal	ated" or the abb tion name must	reviation "Com."	
Enter new principal office address, if applicable:	_			
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	N	i/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Abby A	lly Lola Inc.		
	6535 Carrington Sky Dr.			
	Apollo beach, Fl 33572			
If amending the registered agent and/or registered office addi	ress in Florida, enter th	e name of the		
new registered agent and/or the new registered office address	-			
Name of New Registered Agent Nc	lson Castellano			
6536	6535 carrington Sky Dr.			
6333				
	eet address)			
(Florida str	eet address) ollo Beach, FL	, Florida	33572	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>Addres</u> s
1) Change	PS	Kevin Elwell	6534 Carrington Sky Dr.
Add	-		Apollo Beach, FL
X Remove			33572
2) X Change	PST	Nelson Castellano	6535 Carrington Sky Dr.
Add			Apollo Beach, FL
Remove 3) Change			33572
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding	<u>z additional Artic</u>	des, enter change(s) he	<u>re</u> :		
(Attach additional sheet	ts, if necessary).	(Be specific)			
	 				
				<u></u>	
				 	
		N/A			
		IN/A			
	-				
					-
					
			<u> </u>		
ie i		9	11		
If an amendment prov	vides for an exch	ange, reclassification, o	r cancellation of issu	ied shares,	
(if not applicable,	indicate M/4)	dment if not contained	i in the amendment i	itseit:	
(у та иррасите,	mulcule (1/21)				
	Notes Co		- 1000/ · 6 ·		
	Nelson Ca	stellano - will now ow	n 100% of Stock		
			·····		
		<u>.</u>			
·				· · · · · · · · · · · · · · · · · · ·	

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	Date Signed	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Per	Date Signed	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	e date)
	,	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	•
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
Dated	Oct. 26,2021	
Signature	N	
selec	director, president or other officer if directors or officers ted, by an incorporator – if in the hands of a receiver, trust inted fiduciary by that fiduciary)	
	Nelson Castellano	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PST	

(Title of person signing)