P1900000 9449

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ABMAS GROUP I	JSA CORP.	
DOCUMENT NUM	BER: P19000009449		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	SOFIYE WILLIAMS, ESQ.		
		Name of Contact Person	1
	SOFIYE WILLIAMS, P.A.		
		Firm/ Company	
	500 E BROWARD BLVD, S	TE 1710	
		Address	
	FORT LAUDERDALE, FL. 3	33394	
		City State and Zip Cod	e
ะกรีเร	e@comcast.net		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	397-5739
Name	of Contact Person	at (Area Co	ide & Daytime Telephone Number
	or the following amount made	payable to the Florida Depa	artment 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Cliftor 2661-1	Address Interpretation on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

ABMAS GROUP USA CORP.			
(Name o	of Corporation as current!	y filed with the Florida Dept.	of State)
P19000009449			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "	"Co" - A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address,	if applicable:	N A	
(Principal office address MUST BE A S	TREET ADDRESS)		
			<u> </u>
C. Enter new mailing address, if appl	icable:	N A	5 - 5
(Mailing address MAY BE A POST	OFFICE BOX)		
			<u> </u>
			5
		- Planta - A - A	
D. If amending the registered agent ar new registered agent and/or the ne	id/or registered office address	ress in Floriga, enter the nam s:	ie or the
	N A		
Name of New Registered Agent			
	(Florida st	reet address)	
	N/A		- m - 11
New Registered Office Address:		(City)	. Florida <u></u> <i>iZip Codei</i>
		· · · · · · ·	,
New Registered Agent's Signature, if o	changing Registered Agent	<u>t:</u>	r of the position
I hereby accept the appointment as regis	tered agent. I am jamillar	wun ana accept the thinguism.	s 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SECR	ANGEL REYES	79 RADCLIFF DRIVE
Add X Remove			BRENTWOOD, NY 11717
2) Change		<u> </u>	
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Aud			

(Attacl	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
ŀΑ		
<u>-</u>		
lfan	mendment provides for an exchange, reclassification, or cancellation of issued shares,	
prov	isions for implementing the amendment if not contained in the amendment itself:	
	if not applicable, indicate N/A)	
₩A 		
-		

	FEBRUARY 12, 2019	, if other than
The date of each amendment(s) adoption date this document was signed.	ition:	
N/A		
Effective date if applicable:	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this blod document's effective date on the Depar	ck does not meet the applicable statutory filing requirent timent of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the cient for approval.	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	wed by the shareholders through voting groups. The follow who che voting group entitled to vote separately on the amena	owing statement lment(s):
	the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
	(voting group)	
	ed by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and sl	nareholder
Dated	/12/2019	
Signature	Hilly & Conta	
(By a dire selected,	ctor, president or other officer - if directors or officers he by an incorporator - if in the hands of a receiver, trustee, fiduciary by that fiduciary)	ave not been or other court
Н	ECTOR REYES-CORDERO	
_	(Typed or printed name of person signing)	
Р	RESIDENT	
 -	(little of person signing)	

the

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