## P19 00001981Z

(Re	questor's Name)	
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————(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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JALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ALL IN ONE DEV	ELOPMENT .	INC	
DOCUMENT NUM	P19000019812			
The enclosed Article	es of Amendment and fee are sub	mitted for fili	1g.	
Please return all cor	respondence concerning this mat	ter to the follo	wing:	
	Stephany Asorey			
	<del></del> -	Name of Co	ntact Person	1
	ALL IN ONE DEVELOPME	NT INC		
		Firm/ C	ompany	
	12900 SW 34TH STREET			
	<del></del>	Add	iress	
	MIAMI, FL 33175			
		City/ State a	ind Zip Cod	2
serv	vice@allinonedevelopment.com			
	E-mail address; (to be use	ed for future a	nual report	notification)
For further informat	ion concerning this matter, please	e call:		
Stephany Asorey		at (	786	de & Daytime Telephone Number
Nam	e of Contact Person	· ·	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	avable to the I	- Florida Depa	irtment of State:
		•	•	
S35 Filing Fee	3.75 Filing Fee & ertificate of Status	□\$43.75 Fil		□\$52.50 Filing Fee
	Certificate of Status	Certified C (Additiona		Certificate of Status Certified Copy
$\mathcal{O}$	aid Ch#2519	enclosed)	, entit	(Additional Copy
10	ALCO THOUGH			is enclosed)
Mailing Address Amendment Section			Street	Address
				ment Section
Division of Corporations		Division of Corporations		
	O. Box 6327 illahassee, FL 32314			Building
1 i	manassee, 1 15 525 14	2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

( <u>Name o</u>	f Corporation as curre	ntly filed with the Florid:	Dept. of State)	
ALL IN ONE DEVELOPMENT INC. P	19000019812			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation.	1006, Florida Statutes, th	ıs Florida Profit Corporat	tion adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp." "Inc." or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A projessional ci		the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST		N A		
				19
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N.A		FILE FILE
D. If amending the registered agent an new registered agent and/or the new			ie name of the	# 8 12 Fruit
Name of New Registered Agent	Stephany Asorey			
	12900 SW 34 ST			
	(Florala	street addressi		, <del></del>
New Registered Office Address.	Miami		, Florida <sup>33</sup>	175
		(City)		Zip Codes
New Registered Agent's Signature, if cl Thereby accept the appointment as registe	ered agent - Lam familia - 7 ->		•	Eta)

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 Remove X Add  Type of Action (Check One)	V SV Title	Mike Jones  Sally Smith  Name  Marelys Asorey	<u>Addres</u> s 12900 SW 34 ST, Miami Fl 33175
Type of Action	Title	<u>Name</u>	
	p	Marelys Asorey	12900 SW 34 ST, Miami Fl 33175
1) Change			
Add X Remove			
2) Change Add	<u>P</u>	Stephany Asorey	12900 SW 34 ST, Miami FL 33175
Remove 3 ) Change X Add	<u>V</u>	Michael Adrian	12900 SW 34 ST, Miami FL 33175
Remove 4) Change Add			
Remove 5) Change Add			
6) Change Add Remove			

	dding additional Art sheets, if necessary).					
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<u>provisions for ir</u>	provides for an exc nplementing the am	hange, reclassifi endment if not c	cation, or cancel ontained in the a	lation of issued sl imendment itself:	<u>iares.</u>	
(if not applic	cable, indicate N/A)					
				_		

	5/23/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/23/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date of Department of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the intendmentis:	
	ast for the amendment(s) was were sufficient for approva.	
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	
5/23/201	19	
Dated(		
Signature	<del></del>	_
sele	a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court outted fiduciary by that (iduciary)	
	Stephany Asorey	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	