## P190000 23 164

| (Request                       | or's Name)          |      |
|--------------------------------|---------------------|------|
|                                |                     |      |
| (Address                       |                     |      |
|                                |                     |      |
| (Address)                      | <u> </u>            |      |
|                                |                     |      |
| (City/Stat                     | e/Zip/Phone #)      |      |
|                                |                     |      |
| PICK-UP                        | WAIT                | MAIL |
|                                |                     |      |
| (Busines                       | Entity Name)        |      |
|                                |                     |      |
| (Docume                        | nt Number)          |      |
|                                |                     |      |
| Certified Copies               | Certificates of Sta | itus |
| · <del></del>                  |                     |      |
|                                |                     | 1    |
| Special Instructions to Filing | Officer:            |      |
|                                |                     |      |
|                                |                     |      |
|                                |                     |      |
|                                |                     |      |
|                                |                     |      |
|                                |                     |      |
| ·                              |                     |      |

Office Use Only



600332895176

606333333515176 35776336536

2019 AUG 23 PM 1: 35

C. GOLDEN SEP - 4 2019

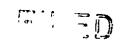
## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ ALB BUSINESS INC DOCUMENT NUMBER: P19000023164 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA QUINTERO Name of Contact Person EXTREME QUALITY GROUP INC Firm/ Company 780 THORPE RD. STE 2 Address Orlando, FL, 32822 City/ State and Zip Code EXTREMEPERMITS@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 9852417

Area Code & Daytime Telephone Number MARIA QUINTERO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| ALB BUSINESS INC   | 2019 alic 23 PM 1:  |
|--|---|
| (Name of Corporat  | ion as currently filed with the Florida Dept. of State)   |
| P19000023164   |   |
| (Docu  | nent Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:                 | a Statutes, this Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the c   | orporation:   |
|  | The new   |
|  | rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)  |   |
|  |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                | <u> </u>  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | red office address in Florida, enter the name of the office address:  |
| Name of New Registered Agent   |   |
|  |   |
|  | (Florida street address)  |
| New Registered Office Address:   | , Florida   |
|  |   |
| New Registered Agent's Signature, if changing Re   | gistered Agent:<br>I am familiar with and accept the obligations of the position.   |
| approximate we region ou agent   | and the position  |
|  |   |
| Sign   | nature 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, a 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 = Chairman or Clerk; CEO

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 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 Chang 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) | Title     | <u>Name</u>             | Address            |
| 1) Change                  | VP        | ROZAIDA MOREJON SANCHEZ | 9929 Dean Cove Ln  |
| X Add                      |           |                         | Orlando, FL, 32825 |
| Remove                     |           |                         |                    |
| 2) Change                  |           |                         |                    |
| Add                        |           |                         |                    |
| Remove                     |           |                         |                    |
| 3 ) Change                 |           |                         |                    |
| Add                        |           |                         |                    |
| Remove                     |           |                         |                    |
| 4) Change                  |           |                         |                    |
| Add                        |           |                         |                    |
| Remove                     |           |                         |                    |
| 5) Change                  |           |                         |                    |
| Add                        |           |                         |                    |
| Remove                     |           |                         |                    |
| 6) Change                  |           | <u> </u>                |                    |
| Add                        |           |                         |                    |
| Remove                     |           |                         |                    |

| Attach additional sheets, if necessary). | (Be specific)               |                           |                 |
|--|-----------------------------|---------------------------|-----------------|
|  |                             |                           |                 |
|  |                             | ·                         | <u> </u>        |
|  | <u></u>                     |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             | - · · ·                   |                 |
|  | <del></del>                 |                           |                 |
|  |                             |                           |                 |
| - 11                                     |                             |                           |                 |
|  | <u> </u>                    | <del> </del>              |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           | <del></del>     |
|  |                             |                           |                 |
|  | <del></del>                 |                           |                 |
|  | <del></del>                 |                           |                 |
|  |                             |                           |                 |
|  |                             | <del></del>               |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             | <u> </u>                  | <del> </del>    |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
| f an amendment provides for an exc       | hange reclassification or   | cancellation of icenad ch | o Pac           |
| provisions for implementing the am-      | endment if not contained in | n the amendment itself:   | <u> </u>        |
| (if not applicable, indicate N/A)        |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             | <del></del>               |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             |                           |                 |
|  |                             | <del></del>               | <u></u>         |
|  |                             | -                         | ·· <del>-</del> |
|  |                             |                           |                 |

| The date of each amendment(s) ad date this document was signed.          | option:  | , if other than '       |
|--|--|-------------------------|
| -  |  |                         |
| Effective date <u>if applicable</u> :                                    | (no more than 90 days after amendment file date)   |                         |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date partment of State's records.  | will not be listed as t |
| Adoption of Amendment(s)   | (CHECK ONE)  |                         |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su       | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |                         |
| •                                  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  |                         |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |                         |
| by   | (voting group)   |                         |
| action was not required.   | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder   |                         |
| 08/20/2019 Dated Signature   |  |                         |
| selected   | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |                         |
|  | ALBERTO RAFAEL GOMEZ RODRIGUEZ   |                         |
|  | (Typed or printed name of person signing)  | · <u> </u>              |
|  | PRESIDENT  |                         |
|  | (Title of person signing)  |                         |