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(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	#)	
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(Bu	usiness Entity Nam	e)	
(Document Number)			
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ONVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERICAN LIV	ING CONTAINERS, INC.			
DOCUMENT NUMB	ER: P19000046846				
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
	WALTER GABRIEL SCAR	FO			
		Name of Contact Perso	n		
	AMERICAN LIVING CONTAINERS, INC.				
-		Firm/ Company			
•	9273 COLLINS AVENUE.	SUITE 106			
_	Address				
;	MIAMI BEACH, FL 33154				
_		City/ State and Zip Cod	e		
	F-mail address: (to be us	sed for future annual report	notification)		
	is man address. To be de	sed for fature annual report	normation		
For further information	concerning this matter, pleas	se call:			
JAVIER DE LOS RIC	os	954 at (558-9474		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

AMERICAN LIVING CONTAINERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P19000046846 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	T	JAVIER DE LOS RIOS	18941 NW 19 ST
Add			PEMBROKE PINES, FL 33023
X Remove			
2) Change	· · · · · ·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
VA	(
71	
If an amandment available for an all	1 45 4
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ganging it not contained in the amendment risell:
A	
4	
A	
A	
A	
A	
A	
A	
A	
A	
A	

SEPTEMBER 11, 2019	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: SEPTEMBER 11, 2019	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date 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 aby the shareholders was/were sufficient for approval.	imendm ent (s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ving statement nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	i shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
09/11/2019 Dated	
Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	re not been r other court
JAVIER DE LOS RIOS	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	