## P19000 55692

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## **COVER LETTER**

Division of Cor			
NAME OF CORPO	ORATION: Al Beverage Inc		
	4BER: P19000055692		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Luis Salazar		
		Name of Contact Perso	<u> </u>
	Al Beverage Inc		
		Firm/ Company	
	3001 Corrine Dr		
		Address	
	Orlando fl 32803		
		City/ State and Zip Cod	c
awb	oeverageinc@gmail.com		✓
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Luis Salazar		at (	4625904
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 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)

<u>Street Address</u> Amendment Section Division of Corporations

Clifton Building

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment to Articles of Incorporation of

Al	L BEVERAGE, INC.				
(Name of Corporation as currently filed	with the Florida Dept. o	f State)			
	P19000055692				
(Document Number of Cor	rporation (if known)		_		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit	Corporation adopts	the following a	mendme	ent(s) to
A. If amending name, enter the new name of the corpo	oration:				
			Т	he new	v
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"Inc," or "Co". A profes		d" or the abb	reviation	į
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEC. 14.	2019 AUG 16 PM 3	TITO
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.  Name of New Registered Agent		enter the name of	the	3: 14	
<u>sincessincessincessincessinces</u>					
	(Florida street address)				
Norma Dominson of Officer Address of		121 amida			
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an  Signature of New Registered Agent's Signature, if changing Registered Agent. I am			the position.		

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> 14</u>	John Doc	
X Remove	<u>v</u> <u>i</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TSD	George Paul, Jr.	16112 Marsh Rd.
Add			Winter Garden, FL 34787
X Remove			
2) Change	TSD	George Hall Jr.	16112 Marsh Rd.
X Add			Winter Garden, FL 34787
Remove			
3 ) Change		1 41 -	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	4,		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
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<del></del>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption: 8/2/2019	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/C/19	
Signature	
(BC2-director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Luis Salazar	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>