

P200000 19213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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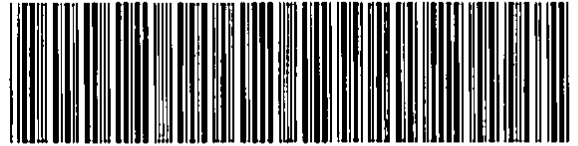
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*David*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ABILENE INVESTMENTS CORPORATION

DOCUMENT NUMBER: P20000019213

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Traverso

Name of Contact Person

Abilene Investments Corporation

Firm/ Company

600 Grapetree Drive # 8GS

Address

Key Biscayne, FL 33149

City/ State and Zip Code

chinin25@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Traverso at ( 305 ) 3318793  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u>             | <u>Address</u>           |
|--------------------------------------|--------------|-------------------------|--------------------------|
| 1) <u>    </u> Change                | <u>S</u>     | <u>MICHELE TRAVERSO</u> | <u>14355 SW 139 CT</u>   |
| <u>    </u> Add                      |              |                         | <u>Miami, FL 33186</u>   |
| <u>XX</u> Remove                     |              |                         |                          |
| 2) <u>    </u> Change                | <u>V</u>     | <u>JUAN TRAVERSO</u>    | <u>14355 SW 139 CT</u>   |
| <u>    </u> Add                      |              |                         | <u>MIAMI, FL 33186</u>   |
| <u>XX</u> Remove                     |              |                         |                          |
| 3) <u>    </u> Change                | <u>S</u>     | <u>ARIANNE TRAVERSO</u> | <u>535 NE 139 Street</u> |
| <u>XX</u> Add                        |              |                         | <u>Miami, FL 33161</u>   |
| <u>    </u> Remove                   |              |                         |                          |
| 4) <u>    </u> Change                |              |                         |                          |
| <u>    </u> Add                      |              |                         |                          |
| <u>    </u> Remove                   |              |                         |                          |
| 5) <u>    </u> Change                |              |                         |                          |
| <u>    </u> Add                      |              |                         |                          |
| <u>    </u> Remove                   |              |                         |                          |
| 6) <u>    </u> Change                |              |                         |                          |
| <u>    </u> Add                      |              |                         |                          |
| <u>    </u> Remove                   |              |                         |                          |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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February 27, 2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

February 27, 2020

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)

03/25/2020  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a 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)

ISABEL TRAVERSO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)