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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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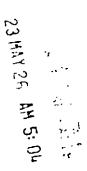




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COVER LETTER

TO: Amendment Section Division of Corporations

1 1 1 1 1 1 1 m

NAME OF CORPORATION: ALL DADE GEN	ERAL INC
DOCUMENT NUMBER: P21000062103	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
GRACIELA ZARA	
	Name of Contact Person
	Firm/ Company
9912 S. BELFORT CIRCLE	• •
ET LAUDEDDALK EL 200	Address
FT. LAUDERDALE, FL 333	City/ State and Zip Code
alidadegeneral@aoi.com	only, chair and hip code
	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
MAGDELINE GONZALEZ CPA	at (305 3023918
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:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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Traine	of Corporation as currently filed with the Florida Dept. of State)	
21000062103		
	(Document Number of Corporation (if known)	
tursuant to the provisions of section 607 as Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following	lowing amendment(
. If amending name, enter the new n	ame of the corporation:	
ame must be distinguishable and contain Inc.," or Co.," or the designation "(chartered," "professional association,"	n the word "corporation," "company," or "incorporated" or the abbre Corp," "Inc," or "Co". A professional corporation name must co " or the abbreviation "P.A."	The new viation "Corp.," ontain the word
Enter new principal office address, Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
. Enter new mailing address, if appli (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BOX)	
		<u> </u>
If amending the registered agent an	nd/or registered office address in Florida, enter the name of the	
. If amending the registered agent an new registered agent and/or the new		
. If amending the registered agent an new registered agent and/or the nev Name of New Registered Agent	nd/or registered office address in Florida, enter the name of the wregistered office address: N/A	
new registered agent and/or the nev	w registered office address:	23
new registered agent and/or the nev	w registered office address:	23 HAY
Name of New Registered Agent	N/A (Florida street address)	23 MAY 29
new registered agent and/or the nev	N/A (Florida street address) , Florida	23 H
Name of New Registered Agent	N/A (Florida street address) , Florida	23 MAY 26 (Zip Code)
Name of New Registered Agent New Registered Office Address:	N/A (Florida street address)	23 HAY 26 (Zip Code)
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	(Florida street address) (Florida street address) , Florida (City)	H 5: 1:8
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	N/A (Florida street address)	H 5: 1:8
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	(Florida street address) (Florida street address) , Florida (City)	H 5: 1:8
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	(Florida street address) (Florida street address) , Florida (City)	H 5: 1:8
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	N/A (Florida street address) , Florida (City) hanging Registered Agent: ered agent. I am familiar with and accept the obligations of the positi	H 5: 1:8
Name of New Registered Agent New Registered Office Address: When Registered Office Address:	(Florida street address) (Florida street address) , Florida (City)	# 5: TS

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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	ALBERTO CRUZ	44 PALMETO DRIVE
X Add		· · · · · · · · · · · · · · · · · · ·	MIAMI SPRINGS, FL 33166
Remove			
2) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove Change			
Add			
Remove			
1) Change			
Add			
Remove			
5) Change			
Add		i— ———	
Remove			
(i) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
A	* *
	
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provisions for implementally the amen-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen- (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

Company of the

The date of each amendment(s) adoption:, if other than date this document was signed.
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 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)
Dated Dated Jana Signature
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)
Graciela Zara
(Typed or printed name of person signing)
President
(Title of person signing)

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