P21000081341

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ABINGRAF INC				
	BER: P21000081341				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	ARIADNA M OJEDA				
		Name of Contact Person	1		
	AYUDA CENTER				
		Firm/ Company			
	8230 CORAL WAY				
		Address	· · · · · · · · · · · · · · · · · · ·		
	MIAMI, FL				
		City/ State and Zip Code	:		
	AOJEDA@AYUDACENTE	R.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea		971-5232		
Name	of Contact Person	Area Coo) 971-5232 de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made				
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

ABINGRAF INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000081341	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenits Articles of Incorporation:	dment(s) to
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cor "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the w "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
C. Enter new mailing address, if applicable: (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) (Lip Code)	_
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

<u>PT</u>	John Do	<u>ne</u>	
<u>V</u>	Mike Jo	one <u>s</u>	
<u>SV</u>	Sally St	<u>nith</u>	
Title		Name	<u>Addres</u> s
VP	_	ARIADNA M OJEDA	8230 CORAL WAY,
***			MIAMI, FL 33155
	-	\$ ++	
	_		
	_		
	_		
	_		
	V SV Title	V Mike Jo SV Sally So Title	V Mike Jones SV Salty Smith Title Name

	al sheets, if necessar	y). (Be specific)			
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an amendme	nt provides for an e	xchange, reclassific	cation, or cancella	tion of issued shar	es,
(if not ann	implementing the a licable, indicate N/A	<u>menament it not ci</u> 1	ontained in the an	nendment itself:	
(1) 1101 (1)//1	icane, maicaic 1171	r			
					· 1

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	adoption:	, if other than the
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 document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
Signature (B <u>y a</u> selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustec, or of inted fiduciary by that fiduciary) JOSE CAJTAK (Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	

. . . .