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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AB ALL SERVICES INC

Account Number : I20200000155

Phone

: (305)882-1238

Fax Number

: (305)882-1260

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN NBG CAPITAL CORP

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## **COVER LETTER**

| TO: Amendment Se<br>Division of Cor  |   |  |   |                 |   |
|--|---|--|---|-----------------|---|
| NAME OF CORPO  | ORATION: NBG CAPITAL C                      | CORP   |   |                 |   |
|  | 00000000000                                 |  |   |                 |   |
| DOCUMENT NUM   | 4BER:                                       |  |   |                 |   |
| The enclosed Article   | es of Amendment and fee are so              | abmitted for filing.   |   |                 |   |
| Picase return all con  | respondence concerning this ma              | atter to the following:  |   |                 |   |
|  | BRANDON GOMEZ                               |  |   | ~3              |   |
|  | Name of Contact Person                      |  |   | 2023            |   |
|  | NBG CAPITAL CORP                            |  |   | 3               | • |
|  | Firm/ Company                               |  |   | MALLAHASSEE, FL | - |
|  | 3090 N COURSE DR APT 311                    |  |   | Z o             | ` |
|  | Address                                     |  |   | SSE OF          | Ī |
|  | POMPANO BEACH FL 33069                      |  |   | inter c         | ά |
|  |   | City/ State and Zip Cod  | e   |                 | 2 |
|  | BRANDONGOMEZFX@GMAIL.COM                    |  |   |                 |   |
|  | E-mail address; (to be u                    | sed for future annual report                                     | notification)   |                 |   |
| For further informati  | on concerning this matter, plea             | se call:   |   |                 |   |
| BRANDON GOMEZ  |   | 91 (786  | de & Daytima Talephone Number   |                 |   |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number   |                 |   |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Dep                                       | ertiment of State:  |                 |   |
| S35 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<br>Divisio<br>The Co                                       | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |                 |   |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current   | ly filed with the Florida Dept, of State | 2)                        |
|---|--|---------------------------|
| P22000088102  |  |                           |
| (Document Number o  | f Corporation (if known)                 |                           |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:  | Florida Profit Corporation adopts the i  | following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |  |                           |
|   |  | The new                   |
| name must be distinguishable and contain the word "corporation," "c<br>"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | A professional corporation name must     |                           |
| 3. Enter new principal office address, if applicable:   | 3090 N COURSE DR APT 311                 | 3 NOV                     |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )  | POMPANO BEACH FL 33069                   | ₩-6                       |
|   |  | Society E                 |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)   | 3090 N COURSE DR APT 311                 | 8: 5<br>E.F. S.F.         |
|   | POMPANO BEACH FL 33069                   |                           |
| D. If amending the registered agent and/or registered office additional new registered agent and/or the new registered office address  Name of New Registered Agent   |  |                           |
| 3090 N COURSE DR APT  | 311                                      | <del></del>               |
| (Florida stre   | aet address)                             | <del></del> .             |
|   | _  |                           |
| New Registered Office Address:  | Florida <sup>3</sup>                     | 3069                      |

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

Example:

| X Change                      | PI           | Iohn Doe      |                          |
|-------------------------------|--------------|---------------|--------------------------|
| X Remove                      | <u>v</u>     | Mike Jones    |                          |
| <u>X</u> Add                  | <u>\$V</u>   | Sally Smith   |                          |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>   | <u>Addres</u> s          |
| 1) X Change                   | <u>P</u>     | BRANDON GOMEZ | 3090 N COURSE DR APT 311 |
| Add                           |              |               | POMPANO BEACH FL 33069   |
| Remove                        |              |               | 2023<br>1                |
| 2) Change                     |              |               | 2023 NOV                 |
| Add                           |              |               | 金 よ                      |
| Remove 3) Change              |              |               | SSC. <b>2</b>            |
| Add                           |              |               | 8: 5 ]                   |
| Remove                        |              |               |                          |
| 4) Change                     |              |               | <del></del>              |
| Add                           |              |               |                          |
| Remove                        |              |               |                          |
| 5) Change                     |              |               |                          |
| Add                           |              |               | ·                        |
| Remove                        |              |               |                          |
| 6) Change                     | -            | <u> </u>      | <del></del>              |
| Add                           |              |               |                          |
| Remove                        |              |               | _                        |

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|   | 2023      |
|   | 2023 NOV  |
|   | - 6       |
|   | SSC 7     |
|   | SSEE. F.  |
|   |           |
|   |           |
|   |           |
| mendment provides for an exchange, reclassification, or cancellation of issued tions for implementing the amendment itse    | I shares. |
| i <mark>lons for implementing the amendment if not contained in the amendment itse</mark><br>fnot applicable, indicate N/A) | af:       |
|   |           |
|   |           |
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| The date of each amendment(s) a  | doption:  | , 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 is document's effective date on the D | plack does not meet the applicable statutory filing requirements, this date epartment of State's records  | will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                           |
| The amendment(s) was/were adaction was not required.                     | apted by the incorporators, or board of directors without shareholder action  | and shareholder           |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were so       | opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.  |                           |
| must be separately provided for  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval | A TO                      |
|  |   | V-6 AM                    |
|  | (voting group)  | SSEE. S                   |
| 11/6/2023<br>Dated   |   | 8: 57<br>S.F.L.           |
| Signature  | 73 1  | <del>-</del>              |
| sciected   | rector, president or other officer - if directors or officers have not been I, by an incorporator - if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)           | <del></del>               |
|  | BRANDON GOMEZ   |                           |
| •  | (Typed or printed name of person signing)   |                           |
|  | PRESIDENT   |                           |
| •  | (Title of person signing)   | <del></del>               |