## P2300031428

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: ABS MART INC.				
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	PATRICIA BORGES				
		Name of Contact Persor	1		
	ABS MART INC				
		Firm/ Company			
	13695 SW 42 STREET				
		Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MIAMI, FL 33175				
		City/ State and Zip Code	2		
	PBS.55@GMAIL.COM				
	<u> </u>	sed for future annual report	notification)		
				- 3	
For further information	n concerning this matter, pleas	se call:		2023 t SEC	ean e
MAGDELINE GONZ	ALEZ CPA	at ( <sup>305</sup>	305-302-3918	A PER	
Name of Contact Person		at (305 ) 305-302-3918 Area Code & Daytime Telephone Number			i i
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	出当	
\$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)	2023 MAY 19 PM 3: 45 SECRETARY OF STATE TAILANDS SEE, FL	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ABS MART INC				
(Name	of Corporation as currently	y filed with the Florida Dept. of State)		
P23000031428				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendm	nent(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The nev	u'
	Corp." "Inc." or "Co". A	company," or "incorporated" or the abbrevia professional corporation name must cont	tion "Corp.,	••
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
			(1) (T)	202
				دت <del>مد</del>
D. If amending the registered agent ar			[1] > :-	2023 MAY 19
new registered agent and/or the new	w registered office address	<u>i</u>	5. <del>1</del> .	19
Name of New Registered Agent	N/A		c	P
				PH 3: 45
	(Florida str	vet address)		;; ;;
	N/A		J.E	S
New Registered Office Address:		Florida (City)	o Code)	
			,	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familiar v	with and accept the obligations of the position		
	Signature of New Re	gistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	ADRIANA BORGES	14066 SW 48 TERRACE
XAdd			MIAMI, FL 33175-4831
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			TAN S
Remove			SECHETAL IN
4) Change			; ^ <del>10</del>
Add			GE GI ATE
Remove			7 T T T T T T T T T T T T T T T T T T T
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
NI/A		
N/A		
,		•
11 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		•
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)	SECR TAL	2023 HJ
N/A	<u> </u>	HAY
IVA	<u>- 行款</u> 表表	61 1
<del></del>	<u> </u>	PH .
	AN STEFF	PH 3: 45
	1.1.1	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requiren Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	reholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,	
,	(voting group)	
May 16. 2 Dated	2023	
Signature		
(By a selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee,	
арро	nted fiduciary by that fiduciary)	
	PATRICIA BORGES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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2023 MAY 19 PH 3- 45 SECRETARY OF STATE TALLAHASSEE, FL