P02000132637

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 21, 2011

SANDRA PEREZ PBA PROFESSIONAL SERVICES INC 174 NE 96 ST. MIAMI, FL 33138

SUBJECT: CRYSBERG INC Ref. Number: P02000132637

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee. or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 611A00026253

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CRYSBERG INC	
DOCUMENT NUMBER: P02000132637	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SANDRA PEREZ	
	Contact Person
PBA PROFESSIONAL SER	
	Company
174 NE 96 ST	
Ac	ldress
MIAMI, FL 33138	
	and Zip Code
SANDRA@WERPRA	COM
SANDRA@WEBPBA E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, ple	ease call:
SANDRA PEREZ	at (305) 7581136
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad-	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of



(Name of Corporation as currently filed with the Florida Dept. of State)

P02000132637

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporatio	on:
---	-----

"incorporated" or the abbreviation "Corp" ("Co". A professional corporation nassociation," or the abbreviation "P.A."		"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/or the new r	· · · · · · · · · · · · · · · · · · ·	enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new registered agent and/or the new registered of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	nter the name of the
new registered agent and/or the new r	· · · · · · · · · · · · · · · · · · ·	
new registered agent and/or the new r	egistered office address:	nter the name of the , Florida (Zip Code)

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address	
1)P	MARIA E LAYRISSE	8745	WINDSOR POINTE DR	
-/	,	ORLANDO), FL 32829	
2) <u>VP</u>	AUGUSTO BERNARDINI	<u> </u>	VINDSOR POINTE DR	
3)SEC	MARIA E LAYRISSE	8745 W	INDSOR POINTE DR	<u>.</u>
<u> </u>		_	IDO, FL 32829	
4)				
5)		_		
6)				
If REMOVING removed:	an officer and/or director, please li	ist the title(s) a	nd name of the officer	<u>/director to be</u>
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1)		4)		
2)		5)	<u> </u>	
3)		6)		

. If amending or adding additional Ai	rticles, enter change(s) here
(attach additional sheets, if necessary).	(Be specific)
<u>'</u>	
 	
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If an amendment provides for an expressions for implementing the ame	change, reclassification, or cancellation of issued shares,
If an amendment provides for an exprovisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment	(s) adoption: 11	/02/11
Effective date <u>if applicable</u> :	11/02/11	(date of adoption - required)
	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(CHE	ECK ONE)
The amendment(s) was/web by the shareholders was/web		shareholders. The number of votes cast for the amendment(s) oproval.
The amendment(s) was/we must be separately provide	re approved by the defor each voting gr	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendn	ment(s) was/were sufficient for approval
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the bo	oard of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the in-	ncorporators without shareholder action and shareholder
Dated 11/	May	ent or other officer – if directors or officers have not been
		orator – if in the hands of a receiver, trustee, or other court
app	ointed fiduciary by	that fiduciary)
	MARIA E LA	AYRISSE
	(Type	ed or printed name of person signing)
	PRESIDI	
		(Title of person signing)