G91833

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: 181 16	MER BIZ	INC
DOCUMENT NUMBE	00100		
	Amendment and fee are su	_	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Luc	Name of Contact Perso	la
_	100 E	Firm/Company E 2nd S	onal 3t # 2222_
_	Mian	Address Lity/State and Zip Cod	33131
		sed for future annual report	
For further information ed	oncerning this matter, pleas	se call:	
Lucius	Smejda	at (305	358-9990 de & Daytime Telephone Number
•			
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, Fl. 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation

IBI INTER BIZ INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

691833

6-110-53	
(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 amendatis Articles of Incorporation:	nent(s
A. If amending name, enter the new name of the corporation:	
The many must be distinguishable and contain the many "" "" "" "" "" "" "" "" "" "" "" "" ""	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A professional corporation name must contact tword "chartered," "professional association," or the abbreviation "P.A."	n he T
B. Enter new principal office address, if applicable:	, ì
(Principal office address MUST BE A STREET ADDRESS)	일 `
	بي
	ین
	<i>ज</i> ्
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)	
N D 1 1000 111	
New Registered Office Address:, Florida	
(Εήν) (Σήν Εδιιέ)	
Non-Product 1 Ac 43 Of a 45 I I Police I A	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
тогогу иссертите аррупитет из гедънстви идени. Тат запина жин ини иссертите obligations of the position.	

Signature of New Registered Agent, if changing

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	P,T, AS	AHMET ALPAY NUH	1602 Alton Road # 500
Remove			Miami Beach, FL 33139
2) Change Add	D, Y.P, S	Lucius Smetda	1602 Alton Road # 500
Remove 3) Change Add	P,T,AS	Nuh, A.	Miani Beach, FL 33139 1602 Alton Road 1500
✓ Remove 4) Change Add	D,vp,s	Smejda, L.	Miami Beach, FL 33139 1602 Alton Road # 500
Remove 5) Change Add			Miami Beach, Ft 33130
Remove 6) Change			
Add			

If amending or adding additional Article (Attach additional sheets, if necessary).	cles, enter change(s) here:
(Attach qualifonaj sneets, ij necessary).	(Be specific)
	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not approame, macaie (v/A)	
.,,,,,	

The date of each amendment(s) adoption: $\frac{4/21/17}{}$, if other than the date this document was signed.
Effective date if applicable: 4/21/17 (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 the 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 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4/21/17
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)
Ahmet Alpay Nuh (Typed or printed name of person signing)
President

(Title of person signing)