N 180000 5993

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

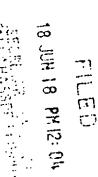




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COVER LETTER

TO: Amendment Section Division of Corporations

AMÉ OF CORPORATION: Lions Bridge Development Alliance Group, Inc.				
DOCUMENT NUMBER:	700314083327	N18000	005	993
The enclosed Articles of Amendo	ment and fee are submi	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Joseph Scott Bebry				
	(Name of Contact Pers	on)	
· · · · · · · · · · · · · · · · · · ·		(Firm/ Company)		
57 Marine Street				
		(Address)		-
St. Augustine, FL 32084				
	(1	City/ State and Zip Co	ode)	
	o@lionsbridge.info Taddress: (to be used t	for future annual repor	t notification)
For further information concerni		-		
Joseph Scott Bebry		at	516-330-82	284
	me of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made pay	able to the Florida De	partment of S	itate:
	\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addr			et Address	
Amendment Se		ndment Sections		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, Fl		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lions Bridge Development Alliance Group, Inc.

(Name of Corporation as	currently fi	led with the Florida	Dept. of State)		_
700314083327 A 8 0 C	_				
(Document	t Number of	Corporation (if know	n)		_
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, thi	s Florida Not For Pr	ofit Corporation ado	pts the followi	ng
A. If amending name, enter the new name of the co	rporation:				
Lions Bridge Community Development Alliance Grou	ıp, Inc.			₹The ne	714°
name must be distinguishable and contain the word "c "Company" or "Co." muy not be used in the name.	corporation"	or "incorporated" o	r the abbreviation "C		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		N/A			— —
	_			9	- I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x</u>) <u>N</u>	//A		2: 04	<u>2</u> —
D. If amending the registered agent and/or register new registered agent and/or the new registered			er the name of the		_
new registered agent and/or the new registered	once aggre	<u> </u>			
Name of New Registered Agent:	N/A		<u> </u>		
	N/A		 .		_
New Registered Office Address:		(Floridi	a street address)		
	N/A		, Florida (Zip Co	N/A	
	(C	Tity)	(Zip Co	de)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agei I am familia	nt: r with and accept the	obligations of the pos	sition.	
	- ,	N/A			
	Signat	ure of New Registered	d 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kelliove			
6) Change			
Add			
Remove			

If amending or adding additional a (attach additional sheets, if necessary	y). (Be specific)	-			
N/A		 <u>-</u>			
		 	- 	-	
					. <u> </u>
				 -	
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		 		·····	
		 			
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		 · 			
		_	-		
					<u> </u>

	date of each amendment(s) ad- this document was signed.	option: N/A	, if other than the
Effe	ctive date <u>if applicable</u> :	N/A	
		(no more than 90 days after amendment file	date)
	in the date inserted in this blockers. If the date inserted in the Department's effective date on the Dep	ck does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
X	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes can	st for the amendment(s)
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amers.	endment(s) was/were
	Dated <u>6/6/2018</u>		
	Signature	Joseph Sing Bly	
	have not bee	nap or vice chairman of the board, president or of preselected, by an incorporator – if in the hands of ppointed fiduciary by that fiduciary)	
	Jose	oh Scott Bebry	
		(Typed or printed name of person s	igning)
		resident/CEO Journ Sent	Bely