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SECRETARY OF STATE
AULAHASSEE, FUURIO.

Arveril C.COULLIETTE

SEP 2 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OBBA ENTERPRESES, INC.

DOCUMENT NUMBER: P020000 38836

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAMSELA PENERA.				
Name of Contact Person				
OBBA ENTERPRISES, FUC.				
Firm/ Company				
713 Thousand Oaks Lane				
Address				
City/ State and Zip Code				
City/ State and Zip Code				
Obbaent @ aol.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

MARISELA PETERA at (407) 346-2008

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

S43.75 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



September 10, 2009

MARISELA PERENA OBBA ENTERPRISES, INCORPORATED 713 THOUSAND OAKS LANE KISSIMMEE, FL 34759

SUBJECT: OBBA ENTERPRISES, INCORPORATED

Ref. Number: P02000038836

We have received your document for OBBA ENTERPRISES, INCORPORATED 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):

You failed to send a complete application to amend. The last page of your amendmend form was omitted from your package. Please find the missing page and return with a copy of this letter. Also for your information, there will be no changes that will be visable on our database when we file your document since shareholders or percentages are not listed anywhere on our system for you to see.

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) 245-6903.

Letter Number: 209A00030031

Cheryl Coulliette Regulatory Specialist II

Articles of Amendment

to Articles Tincorporation

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OBBA ENTERPHS	(= 9 = 1	ていぐり	DDAR	AT ED	75	4
(Name of Corporation as currently						22
P02000038836					200	2
(Document Number o	, 	n (if know	/n)		— `	The Market
`	•		·		9	32
Pursuant to the provisions of section 607.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Flo</i>	rida Prof	it Corpoi	ration adó	pts the following
A. If amending name, enter the new name of the c	orporation:	<u>:</u>				
	<u> </u>					_The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Coi	rp," "Inc,	" or "Co"	". A pro	fessional c	
B. Enter new principal office address, if applicable	<u>le:</u>					-
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)					
						
						-
C. Enter new mailing address, if applicable:			— (
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>) _	113	Ino	usano	347.	s LM.
	_	Kiss	1 mme	2, 8-1	347	59
						
D. If amending the registered agent and/or registe	ered office a	ddress in	Florida,	enter the	name of t	<u>he</u>
new registered agent and/or the new registered	<u>i office addi</u>	ress:				
Name of New Registered Agent:						
New Registered Office Address:	(Florida street address)					
				Elo	mida.	
- 	(City)	 _		, F10 (Zip Code	rida <i>:)</i>	
	•			-		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			nd accept i	the obliga	ations of th	e position.
7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	J		, ,	3.	•	•
Signati	ure of New I	Registered	Agent. if	changing		

removed and	he Officers and/or Directors title, name, and address of e				rector being
(Attach additio	onal sheets, if necessary)	•.	•		
Title '	<u>Name</u>	£	Address		Type of Action
PD	marisela Peren	<u> </u>	7/3 Thou Kissimmo	wand Dals	Add Remove
<u>v</u> P	Adelaida Perera		713 Thoi Kissimn	259 nd Oaks ee, Fl 34759	Add Remove
					☐ Add ☐ Remove
	g or adding additional Artic tional sheets. if necessary).		nge(s) here:		
provisions (if not	ndment provides for an exclusion implementing the amerapplicable, indicate N/A)	ndment if not	contained in th	e amendment i	tself:
Adela	iela Ponena,	VP	_	19	o Shares
		•			

The date of each amendment(s) adoption: (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
DatedQ	1509
Signature	Marial has
(By a	a director, president or other officer - if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)