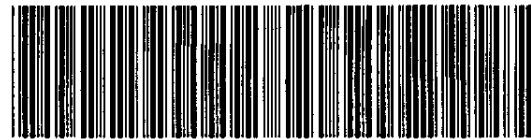


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

*Amended
ACOS
& cc
7/2/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIBS DEVELOPMENT, INC.

DOCUMENT NUMBER: P04000054330

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

Please return all correspondence concerning this matter to the following:

Bobbie A. Hodges
Name of Contact Person

BOBBIE HODGES PROPERTY MANAGEMENT LLC
Firm/ Company

4670 LINKS VILLAGE DRIVE #18505
Address

YONCE INLET, FLORIDA 32127
City/ State and Zip Code

bobbie.h11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBIE HODGES at (386) 212-5064
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 \$43.75 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

Articles of Amendment
to
Articles of Incorporation
of

SIBS DEVELOPMENT, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

PO 4000054330
(Document Number of Corporation (if known))

FILED
10 JUL -8 PM 3:22
STATE
TALLAHASSEE, FLORIDA

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 corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3756 S. ATLANTIC AVENUE
SUITE 204
DAYTONA BEACH SHORES, FL
32127

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3756 S. ATLANTIC AVENUE
SUITE 204
DAYTONA BEACH SHORES, FL
32127

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: CYNTHIA ANN CABRERA
New Registered Office Address: 3756 S. ATLANTIC AVENUE, SUITE 204
(Florida street address)
DAYTONA BEACH SHORES, Florida 32127
(City) (Zip Code)

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.

Cynthia Ann Cabrera
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>CYNTHIA V. CABRERA</u>	<u>124 NORTH LOVA ROAD</u> <u>UNIT 143</u> <u>OLMEDO BEACH, FL 32174</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES/ TREASURER</u>	<u>CYNTHIA ANN CABRERA</u>	<u>3756 S. ATLANTIC AVE</u> <u>SUITE 204</u> <u>JAYTONA BEACH SHORES, FL 32118</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SECTR</u>	<u>CARLOS CABRERA</u>	<u>3756 S. ATLANTIC AVE</u> <u>SUITE 204</u> <u>JAYTONA BEACH SHORES, FL 32118</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Amended Article II
Amended Article V
Amended Article VII

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)

The number of shares the corporation is authorized to issue is 100. This amendment is to ^{Remove} cancel issued shares of Certificate #00 for 100 shares to now be transferred and issued to Certificate #01 for same 100 shares. In other words, Cynthia V. Cabrera is transferring all her shares to Cynthia Ann Cabrera. This is effective as of June 30th, 2010.

The date of each amendment(s) adoption: June 30, 2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 _____”
(voting group)

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 June 30, 2010

Signature Carlo Cabrera
(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)

CARLO CABRERA
(Typed or printed name of person signing)

Secretary
(Title of person signing)