P0500030122

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(Ad	dress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e#)
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SECRETARY OF STANDARDIVISION OF CORPORATION

Amand 101.31.13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Classic Bus	siness Corp			
DOCUMENT NUMBER: P05000030122					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Estefania Niewial	kouski			
		Name of Contact Persor	1		
	Classic Business	Corp			
		Firm/ Company			
	614 N State Road	17			
		Address			
	Hollywood, FL 33	021			
•		City/ State and Zip Code	2		
eni	ewial@yahoo.com	า			
		ed for future annual report	notification)		
For further information	For further information concerning this matter, please call:				
Estefania Niewialkouski at (954) 987-3446					
Name o	of Contact Person		de & 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)		
	ling Address		Address		
	endment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					
•	•		assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Classic Business Corp

(Name of Corporation as current)	y filed with the Flori	da Dept. of State)		
P05000030122				
(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Floa	rida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				_The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered." "professional association," or t	orp." "Inc," or "Co"	'. A professional corporat	ated" or the al	obreviation contain the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	POV)			
(maung address MAT BE A FOST OFFICE)	<u>вол</u>) _			
	-	.		
	-			,
D. If amending the registered agent and/or regi- new registered agent and/or the new register		in Florida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street d	address)		
New Registered Office Address:		, Florida		-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		and accept the obligations	of the position.	
Signature	f New Registered Age.	nt if changing		
Signature of	Hen Registered Age.	m, y 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	SV Sally	<u>r Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Claudio Niewialkouski	614 N State Road 7
Add			Hollywood, FL 33021
X Remove			
2) X Change	DPT	Estefania Niewialkouski	614 N State Road 7
Add			Hollywood, FL 33021
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding Attach additional sheet	additional Artis, if necessary).	icles, enter chai (Be specific)	nge(s) here:			
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f an amendment pro-	uides for an aval	hanga raalassif	leation or can	pallation of icc	ued charec	
provisions for implei (if not applicable	nenting the ame	endment if not o	contained in th	e amendment	itself:	
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The date of each amendment(s) adoption: 01/24/2013		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 01/24/	2013	
Signature	Estabelle VI.	
	lirector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
цил		
	Estefania Niewialkouski	
	(Typed or printed name of person signing)	
	President	
	(Title of purson signing)	