105000103913

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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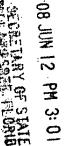
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2008

EDDIE LISBOA LISBOA & ASSOCIATES, INC. 3004 BUCK HILL PLACE ORLANDO, FL 32817

SUBJECT: LISBOA & ASSOCIATES, INC.

Ref. Number: P05000103913

We have received your document for LISBOA & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000032102 - SUPERB SERVICES, INC..

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 filling of your document, please call (850) 245-6892.

Tina Roberts
Regulatery Specialist II

Letter Number: 008A00020577

COVER LETTER

TO: Amendment Section Division of Corporations

۹.

NAME OF CORPORATION: Lisboa & Asse	ociates, Inc.	
DOCUMENT NUMBER: P05000103913		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Eddie Lisboa		
	Contact Person)	
Lisboa & Associates, Inc.		
	n/ Company)	
3004 Buck Hill Place		
	Address)	
Orlando, FL 32817		
(City/ Sta	te and Zip Code)	
For further information concerning this matter, p	lease call:	
Eddie Lisboa	at (407) 671-2880	
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee	☐ \$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 Circl Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation of



(Name of corporation as currently filed with the Florida Dept. of State)

P05000103913

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):	TIEUDE C			owing in
Superb-Services Corporation	EMLAM	COK	ORAT	ומא
(Must contain the word "corporation," "company," or "i (A professional corporation must contain the word "cha	incorporated" or the corporated or the corporate	he abbreviat onal associa	ion "Corp.," " tion," or the a	lnc.," or "Co.") bbreviation "P.A.
AMENDMENTS ADOPTED- (OTHER THe and/or Article Title(s) being amended, added of				rticle Number(
-				
·		 		
				···
	.			
(Attach addi	tional pages if ne	cessary)		
If an amendment provides for exchange, reclass for implementing the amendment if not contain				

(continued)



The date of each amendmen	it(s) adoption: 4/1/08
Effective date if applicable:	4/1/08
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The nut must be separately provided for each voting group entitled to vote camendment(s):
"The number o	of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
Signature (By a selec appo	director, president or other officer - if directors or officers have not been cted, by an incorporato - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of neuron circuity)

FILING FEE: \$35