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C. CARROTHERS

COVER LETTER

Division of Corpor			
NAME OF CORPORA	ation: <u>EB Du<i>ra</i></u> er: <u> </u>	Some Asplant Scaling and Paving,	1
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	atter to the following:	
	E & 640 Apo	Name of Contact Person B Opportunities Inc. Firm/ Company 106 Grenada Island Are Address Ollo Beach FL 33572 City/ State and Zip Code Hastrehe @ aol. com- used for future annual report notification)	
For further information	concerning this matter, pleas	ise call:	
EHA Name of	Strehle Contact Person	at (<u>813</u>) <u>746 - 12-09</u> Area Code & Daytime Telephone Number	
		payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Maili	ng Address	Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Articles of Amendment

to

Articles of Incorporation

of

Eb Dura Seal Asala	set Sealing and baving The
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
PO 8 00000/0	78
(Document Number of Corporation (if I	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fa	finide Brack Company and a to the Cillada and a to
its Articles of Incorporation:	torida Froja Corporation adopts the following afficialment(s) to
·	S. P. Sime
A. If amending name, enter the new name of the corporation:	
LB Opportunities.	Inc 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 "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name mist contain the
B. Enter new principal office address, if applicable:	6406 Granada Foland Are Apollo Black, FL 33572
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ADDUM BLACK EL 23572
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same as abort
	-
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent R. A	
6406 Gra	mada Island Ave
(Florida stree	t address)
New Registered Office Address:A0110 B	address) 1ach, Florida3572
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
The Ale	La.

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u></u>	MA	
Add		1	
Remove			
2) Change			
Add			
Remove			7-1
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-12	_	
Add			***
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	MA
	MA
	-1
	·
•	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	~ / 0
	19 A
4	
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	, <u> </u>
(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):	PH .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated January 10th 2015	
Signature The Mell	
(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)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice President	

(Title of person signing)