# P10000091398

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
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MAY 30 2018

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BUSINESS TO BU		,ORPORATION	
DOCUMENT NUMB	BER: P10000091398			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	SILVIA BERTONE			
	Name of Contact Person			
		Firm/ Company		
	13360 SW 46 CT			
		Address		
	MIRAMAR, FL 33027			
		City/ State and Zip Cod		
VICK	Y@APPELROUTH.COM			
	E-mail address; (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
VICKY YANES		at ( <u>305</u>	444-0999	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment 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		Amenc Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



#### Articles of Amendment to Articles of Incorporation of

#### **BUSINESS TO BUSINESS WORLDWIDE CORPORATION**

(Name of Corporation P10000091398	on as currently filed with the Florida Dept. of State)
	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the con	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	The new d'"corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ע
). If amending the registered agent and/or registere new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	nture 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)

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	D	OSCAR HORACIO FRIGHETTO	999 PONCE DE LEON BLVD.
X Add			STE. 625
Remove			CORAL GABLES, FL 33134
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
<u> </u>	
<u> </u>	
<del></del>	
an amendment provides for an excha	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not companied at the amendment fiself:

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
☐ The amendment(s) was/were appromust he separately provided for e	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareho	lder
action was not required.	ted by the incorporators without shareholder action and shareholder	
	21/18 Just	
Signature	ector, president or other officer – if directors or officers have not bee	<del></del>
selected,	by an incorporator – if in the hands of a receiver, trustee, or other conditionally by that fiduciary)	:n yurt
S	ILVIA BERTONE	
_	(Typed or printed name of person signing)	<del></del>
P	RESIDENT	
_	(Title of person signing)	<del></del>