## P110000 36181

(Rec	questor's Name)				
(Address)					
(Add	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corpor	ations			
	ation: <u>FLORTDA</u> cr: <u>P1100003</u>		NAL CONSTRUCTION	IN
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	LBS LEON ?	Firm/ Company  TMCNAR  Address  FL 3332  City/ State and Zip Cod	SERVICES LLC RD STE 114	
1056	E LEON  Contact Person			
Enclosed is a check for	the following amount made p			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

FLORIBA INTERNATIONAL CO	
P 11000036181	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	8104 NW 91St AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAMARAC, FL 33321
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8104 NW 9188 AVE
	TAMARAC, FL 33321
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent SPERBERG	WILLIS M
8104 NW (Florida stree	913t AVE 1 address)
New Registered Office Address: TAMARAO	Cay) . Florida 33321 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	<u>PT</u>	John Do	<u>e</u>				
X Remove	$\underline{V}$	Mike Joi	nes				
X Add	<u>SV</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s		
1) <u>X</u> Change	7	_	SPERBERC	a WILLISM	8104	NW 915	36 AVE
Add				·	TAMARA	C, FL 33	<u>321</u>
Remove							
2) Change		_				····	<del></del>
Add							
Remove 3) Change							_
Add		_					
Remove							<del></del>
4) Change							
Add							
Remove							
5) Change		_					
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Remove					-		
6) Change				•			
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	necessary). (Be specif.			
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an amendment provides	<u>for an exchange, recla:</u>	ssification, or cance	llation of issued sh	ares,
rovisions for implementing	ng the amendment if n	ot contained in the	amendment itself:	
(if not applicable, indicable,	ate N/A)			
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		<del></del>	- 1	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days o	ifter amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board o action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately provided.	
"The number of votes east for the amendment(s) was/were suffice	cient for approval
by	.,
by	<del></del> -
Dated 4/24/201/ Signature Willis Ther Der  (By a director, president or other officer – if of	directors or officers have not been
selected, by an incorporator - if in the hands	
appointed fiduciary by that fiduciary)	
Willis She (Typed or printed name of	Song
(Typed or printed name of	person signing)
_ fres, d	er +
(Title of person signing)	