P/2000093040

(Requ	iestor's Name)	
		•
(Addr	ess)	
	•	
(Addr	ess) ·	
(City/s	State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	e)
(Docu	ıment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer:	
Canen	is do	12-2772

Office Use Only

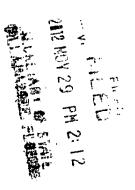


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Amend o

NOV 2 9 2012 T. ROBERTS





November 20, 2012

RICARDO NOGUERA BOLDBIZ, INC 11503 NW 89TH ST #220 DORAL, FL 33178

SUBJECT: BOLDBIZ, INC Ref. Number: P12000093040

We have received your document for BOLDBIZ, 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):

You completed the wrong form, per our telephone conversation on November 20, 2012. If you are trying to change officer/directors, the amendment form is the proper form to use.

We are enclosing the proper form(s) with instructions for your convenience.

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 filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 612A00027884

District of Comparations D.O. DOV 6207 Mallahassas Florida 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	BOLDBIZ I DER: P1200009304		·
•	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	RICARDO NOGL	JERA	,
		Name of Contact Person	l
	BOLDBIZ INC		
		Firm/ Company	
	9130 SW 137 AV		
	MAIANAI EI 22106	Address	
	MIAMI, FL 33186	City/ State and Zip Code	
		City/ State and 2th Code	•
	E mail addresses (to be us	ed for future annual report	
	E-man address. (to be us	seu for future annual report	nouncation)
For further information	concerning this matter, pleas	se call:	
RICARDO N	OGUERA	_{at (} 786	3375213
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Ame Divi P.O.	Iling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

proporation 2112 NOV 29 PM 2: 12	
orida Dept. of Plate)	
kaoua)	
VIII)	
Torida Profit Corporation adopts the following amendment(
The new	
," "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the A.".	
9130 SW 137 AVE	
APT 1107	
MIAMI, FL 33186	
9130 SW 137 AVE	
APT 1107	
MIAMI, FL 33186	
ss in Florida, enter the name of the	
P	
et address)	
. Florida	
(Zip Code)	

Signature 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: XChange	<u>PT</u>	John Due	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nume</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change .			
Add			
Remove			
3) Change		•	
Add			
Remove			
			•
4) Change		<u>, , , , , , , , , , , , , , , , , , , </u>	
Add			
Remove			
5) Change		- 	
Add			
Remove			
A 61			
6) Change		***************************************	
Add			
Remove		•	

(Attach additional sheets, if necessary). (Be specific) OFFICER ADDRESS: 9130 SW 137 AVE APT 1107 MIAMI, FL 33186	
9130 SW 137 AVE APT 1107	
MIAMI, FL 33186	
·	
	<u> </u>
	<u>. </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more inun vo aays ajier amenameni jile aule)	
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 omendment(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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/29/2012	
Signature Rucel	
(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)	
RICARDO NOGUERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	