## P12000101905

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SIBAC	CQ 458 INC.	
DOCUMENT NUMBER: P120001	01905	
The enclosed Articles of Amendment and fe		
Please return all correspondence concerning	g this matter to the following:	
ALEXANDE	R EYNIS	
	Name of Contact Person	n
ATTORNEY	,	
	Firm/ Company	
20801 BISC	AYNE BLVD, SUITE	403
	Address	
AVENTURA	·	
	City/ State and Zip Cod	e
EYNIS@HOTM		
E-mail address:	(to be used for future annual report	notification)
For further information concerning this matter	ter, please call:	
ALEXANDER EYNIS	at (305	, 935 4079
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Depa	artment of State:
\$35 Filing Fee  \$\sum \text{\$\sum \$\\$43.75 Filing Certificate of \$\frac{1}{2}\$}		□\$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	Ameno Divisio Clifton 2661 E	Address dment Section on of Corporations a Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SIBACQ 458 INC.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000101905	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Zin Command
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WI6 PH : II
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	( address)
New Registered Office Address:	, Florida
New Registered Office Address: (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a Signature of New Registered Agent.	

If amending the Officer's 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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>DP</u>	Miguel Angel Alercon Rodriguez	19111 Collins Avenue, Suite 1801 Sunny Isles Beach, FL 33160
2) Change Add X Remove	90	Henry Bloom	19111 Collins Avenue, Suite 1801 Sunny Isles Beach, FL 33160
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<del></del>	
6) Change Add Remove	<del></del>		

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndificult if not contained in the amendment itself.

The date of each amendment(s) adoption:	1-8-1-3	
Effective date if applicable:		
(0	no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.	
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by(voting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the inc action was not required.	orporators without shareholder action and shareholder	
Dated	18/13	
Signature		
(By a director, preside	nt or other officer - if directors or officers have not been	
selected, by an incorporate appointed fiduciary by	orator – if in the hands of a receiver, trustee, or other court	
Miguel Angel Alarcon Rodriguez		
(Typed or printed name of person signing)		
Director & President		
(Title of person signing)		

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