

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



100261607951

08/15/14--01033--004 **52.50

AUG 22 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	4
NAME OF CORPORATION:	ibbean Services Inc
DOCUMENT NUMBER:	714000017687
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Michelland Car Shehigh E-mail address: (to be us	Name of Contact Person Yibbean Services Inc Firm/Company Address Acres H. 33994 City/State and Zip Code ed for future annual report notification)
For further information concerning this matter, pleas	e call;
Michaely Therame	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	7 .	14.	•
Lacrippean sa	Tices Tic	•	_
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	the engineer	
7 140000	17681		_
(Document Number of Corporation (if)	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation ad	opts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:	\r/k		
	NA		_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corpora		
B. Enter new principal office address, if applicable:	K/	4	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			-
			-
			_
C. Enter new mailing address, if applicable:	A (/	4	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	-
	/		-
			<u>.</u>
D. If amending the registered agent and/or registered office addre-	ss in Florida, enter the nam	ne of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent (Y)	du lherane	U	
859 Alar	De amo	·	
(Florida stree			\mathcal{L}
New Registered Office Address: NOW TW	VES , Florida	33911	-
(City)		(Zip Code)	7
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	thand accept the obligations	of the position.	
Muduel	Descens -		
Signature of New Registered Ag	gent, 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: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	SV Sally	<u> / Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MG	Michaely Theramene	859 Alabama Pd Lehigh Acres Fe 33974
Remove 2) Change Add	MG	Dague Argican	1401 Parkwood Falu Blind# le Leligh Agres FC 33936
Remove 3) Change Add Remove			
4) Change			
Remove 5) Change			
Add Remove			
6) Change			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	H/A	
	<u> </u>		
		. = -	
			
, <u>.</u> .	<u> </u>		
		<u>-</u>	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassificati	ion, or cancellation of issued shares, ained in the amendment itself:	
(if not applicable, indicate N/A)		NA	
-			
			

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable: (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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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.	
Signature (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 primed name of person signing) (Title of person signing)	