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# **COVER LETTER**

Division of Corpo	orations		
NAME OF CORPOR	RATION: Barbo	Internati	mal Dirtribut
DOCUMENT NUME	$D \cap A \cap A$	002664	1
The enclosed Articles	of Amendment and tee are su	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	_
	IVAN	B. BARK	Ovie
	Backon	Name of Contact Person	PLIC
	361 P	Firm/Company	Dr.
	SUNN	Address #/	. 33/60
	ibanko	City/ State and Zip Code	iail. com
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
CAVI			815.7374
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
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# Mailing Address

TO: Amendment Section

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

to

Articles of Incorporation	
Barbo International Dirtibuta	Y
(Name of Corporation as currently filed with the Florida Dept. of State)	<del></del>
	دامون دهمسبیر
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	ð
A. If amending name, enter the new name of the corporation:  TBB Car Rental Tuc.  The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:  373 Foinciaus In.	
(Principal office address MUST BE A STREET ADDRESS)	0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  373 Following DR	. •
SUNNY IN FI.	
33160	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida , Florida (City) (Zip Code)	
New Degistered Agent's Signature if sharping Degistered Agent.	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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 <math>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.

	ve, una sa	ny Smin, Sv as an Ada.	
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)	Title	Name	<u>Addres</u> s
1) Change	VP	LoLIS Fotial	3180 S. Vaan Dr
Add			Apt 219
Remove			Hallandalt, P.
	4	Patricis	33009
2) Change Add		Backaria	373 Poinciaus Dr
Remove		Dactionic	SUNNY I. F/.
3) Change			33166
Add			
Remove		·	
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4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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amendment provides for	an exchange, reclassification	n or concellation of iccr	and charge	
<u>visions for implementing t</u>	the amendment if not contain	ned in the amendment i	tself:	
(if not applicable, indicate	N/A)			
		<u> </u>	<u>.                                    </u>	
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		N/X	>	
		N/X	<u> </u>	
		NX	<b>&gt;</b>	
New	Nant	N/X		

The date of each a		otion:	6/	9/	<u>_1)</u>		_, if other than the
date this document v	vas signed.						
Effective date <u>if ap</u>	plicable:	(no m	ore than 90 da	rys after amena	lment file date)	<u> </u>	
		(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.yo vyvo. umom			
Note: If the date in document's effective				e statutory filin	g requirements	s, this date will i	not be listed as the
Adoption of Amen	lment(s)	(CHECK (	<u>ONE</u> )				
The amendment(	s) was/were adopte ers was/were suffic	ed by the shareho	olders. The number of the numb	mber of votes c	ast for the ame	endment(s)	
☐ The amendment( must be separate	s) was/were approv ely provided for eac						
"The numb	er of votes cast for	the amendment	(s) was/were su	ifficient for app	roval		
by					·"		
		(voting gro	пир)				
☐ The amendment( action was not re		ed by the board o	of directors wit	hout shareholde	er action and sh	nareholder	
☐ The amendment( action was not re		ed by the incorpo	orators without	shareholder ac	tion and shareh	nolder	
D	ated	/9/	1	h	^	)	
Si	gnature		1	· *	<b></b>	1	
	(By a directed, b	ctor, president or y an incorporate fiduciary by tha	or – if in the ha				_
			A-N or printed nam	B · j	3AR7	<pvi<< td=""><td></td></pvi<<>	

(Title of person signing)