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Office Use Only

Amend 10/3/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FCB Enterprises Inc.						
DOCUMENT NUMBER: #001						
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondent	ondence concerning this made	tter to the following:				
	Carlos Andres Camargo					
_		Name of Contact Persor				
	F	CB Enterprises	Inc			
_		Firm/ Company				
		12440 W Atlanti	c Blvd,			
<del></del>		Address				
	Coral Springs, FL, 33071					
		City/ State and Zip Code	e			
	ccamai	rgo@fcbenterpri	ses.com			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
Carolina Balaguera at (786 ) 985-9832						
Name of Contact Person Area Co.			de & Daytime Telephone Number			
Enclosed is a check for the following amount made 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

to Articles of Incorporation

(Name of Corporation as	currently filed with the  DDD441  th Number of Corporation	3	- -	
	•	s Florida Profit Corporation adopts the following	g amendment(s) to	
A. If amending name, enter the new na	me of the corporation:			
n/a	tain the word "assessed	on," "company," or "incorporated" or the a	_The new	
	ation "Corp," "Inc," or	"Co". A professional corporation name must		
B. Enter new principal office address, if applicable:		12440 W Atlantic Blvd,		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Coral Springs, FL, 33071	_	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		12440 W Atlantic Blvd,		
		Coral Springs, FL, 33071	-	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			_	
	(Florida s	treet address)		
New Registered Office Address:	n/a , Florida		_	
	(City	(Zip Code)		
New Registered Agent's Signature, if classes the second the appointment as registed the second three second t		t: with and accept the obligations of the position.	•	
Sis	gnature 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: 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>	Name	<u>Addres</u> s
1) Change		n/a	
Add			
Remove			
2) Change		n/a	
Add			
Remove			
3) Change		n/a	
Add			
Remove			
4) Change		n/a	
Add			
Remove			
5) Change		<u>n/a</u>	
Add			
Remove			
6) Change		n/a	
Add			
Remove			

E. <u>If amendir</u> (Attach <i>add</i>	ng or adding a ditional sheets	dditional Arti if necessary)	cles, enter cha	inge(s) here:			
n/a	monai sileeis,	ij neoessary).	(be specific)				
11/4							
							_
							<del></del>
	<del></del> ,				<del></del>		
				·	· · · · · · · · · · · · · · · · · · ·	·	
F. <u>If an amer</u> provision	<u>adment provid</u> as for impleme	les for an exchenting the ame	<u>ange, reclassi</u> ndment if not	fication, or car contained in th	<u>icellation of is</u> ie amendment	sued shares. t itself:	
(if no	ot applicable, ir	ndicate N/A)				<del></del>	
n/a							
			<del>-</del>				
		<u>.</u> .					

The date of each amendment(s) adoption: n/a	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : n/a	
(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	
<sub>by</sub> <u>n/a</u> ."	
(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 12/03/2014	
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	
Carlos Andres Camargo	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	