## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000322488 3)))



H170003224883ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160

Phone : (800)494-3124 Fax Number : (305)675-2811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email.	Address:	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LA BARRE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

C. GOLDEN

FILEU

Articles of Amendment

2017 DEC -8 AM 10: 25

	to Articles of Incorporation of	H17000322488 3
	LA BARRE, INC.	4
(Name of Cor	poration as currently filed with the Florid	la Dept. of State)
	P14000075496	
(	Document Number of Corporation (if known	n)
Pursuant to the provisions of section 607,1006, ts Articles of Incorporation:	Florida Statutes, this Florida Profit Corpore	ation adopts the following amendment(s)
1. If smending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional	incorporated" or the abbreviation corporation name must contain the
3. Enter new principal office address, if app	licable:	
Principal office address MUST BE A STREE	TADDRESS )	
. Enter new mailing address, if applicable	1	
(Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or r		the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	•	
New Registered Agent's Signature, if changi hereby accept the appointment as registered of	ng Registered Agent: vgent. I am familiar with and accept the ob	ligations of the position.
	Signature of New Registered Agent, if the	anaina

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)

H17000322488 3

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 = Trustoe; C = Chairman or Clerk; CEO = Chief Executive Officer: CEO = 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 curporation. 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	PT	John Doe	
X Rensove	<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	Р	LAUREN E DONOVAN	110 N COUNTY ROAD
Add			PALM BEACH, FL 33480
X Remove			
2) X Change	DP	JACQUELYN S QUESADA	110 N COUNTY ROAD
Add			PALM BEACH, FL 33480
Remove			<b>**</b>
3 ) Change			
Add			
Removo			
4) Change			·
Add			
Remove			
5) Change			
Remove			<del></del> .
6) (hunge			
Add			
Remove			H17000322488-3

<ol> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ol>	<u>cles, enter change(5) here:</u> (Be specific)	H17000322488 3
	<del></del>	
	CLAIR CONTRACTOR OF THE CONTRA	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	unge, reclassification, or cancellation o ndment if not contained in the amendm	f issued shares, ent itself:
		· · · · · · · · ·

The date of each amendment(s) :	adoption:	, if other than the
date this document was signed.		H17000322488 3
Effective date if applicable:		
<del></del>	(no more than	90 days after amendment file dute)
Note: If the date inserted in this focument's effective date on the E		licable statutory tiling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were so by the shareholders was/were		he number of votes east for the amendment(s)
The amendment(s) was/were apmost he separately provided for	oproved by the shareholders the or each voting group entitled t	arough voting groups. The following statement to vote separately on the amendment(s):
	st for the amendment(s) was/w	• •
by	(voting group)	."
	(vating group)	
☐ The amendment(s) was/wore as action was not required.	dopted by the board of directo	ers without shareholder action and shareholder
The amendment(s) was/were acception was not required.	dopted by the incorporators w	ithout shareholder action and shareholder
	EMBER 30, 2017	
Signature	2020	
(By	director president or other of	ficer - if directors or officers have not been
		the hands of a receiver, trustee, or other court
арроі	inted fiduciary by that fiduciar	'y)
	JACQUELYN'S QUES.	ADA
	(Typed or printe	d name of person signing)
	PRESIDENT	
	(Tid	le of person signing)