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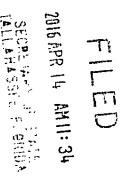
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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HBL ENTERPRIS	SES. INC.	
	ER: P14000084934		
. The enclosed Articles of	f Amendment and fee are si.	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
i	DAVID R. FARBSTEIN, ES	SQ.	
-		Name of Contact Person	1
1	DAVID R. FARBSTEIN, PA	1	
-	*** (<u></u> <u></u>	Firm/ Company	A - MT - M
1	3551 W. SUNRISE BLVD.,	SUITE 103A	
_		Address	
I	PLANTATION, FL. 33322		
		City/ State and Zip Code	2
. DAVII	D@DAVIDFARBSTEINPA	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAVID R. FARBSTEIN		9*5-1 at i	586-0441 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Taffahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HBL ENTERPRISES, INC.			
	ration as currently filed wit	h the Florida Dept. of State)	
P14000084934 (De	ocument Number of Corporati	on (if Laguer)	
(D)	edinent Number of Corporati	on (ii kiiowii)	
Pursuant to the provisions of section 607.1006. Flo ts Articles of Incorporation:	orida Statutes, this <i>Florida Pi</i>	rofit Corporation adopts the following	amendment
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp" "Inc.," or Co" or the designation "Coword "chartered." "professional association," or	"orp." "Inc." or "Co". A p		
3. Enter new principal office address, if application			
Principal office address <u>MUST BE A STREET</u> .	ADDRESS)	4.3	2
	·		
	The second of th	***	
2. Enter new mailing address, if applicable:		. The state of the	= ;
(Mailing address MAY BE A POST OFFICE	BOX)		
		20	<u> </u>
			- U
			`
). If amending the registered agent and/or reg		rida, enter the name of the	
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent	<u> </u>		
	 Florida strevt address.)	
New Registered Office Address:		. Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		your the obligations of the position	
петену ассерь те арронитет из registerea age	т ғат јатилағ жип опа ас	cop the obligations of the position	
	Signature of New Registered .	(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: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	•
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
13 Change	VP/S	_	IMAD HABBAL	473 SILVER PALM WAY
$\frac{\mathrm{X}}{\mathrm{Add}}$ Add				WESTON, FL. 33327
Remove				
2) Change				
Add				
Remove				www.ndstrin.gov.gov.gov.gov.gov.gov.gov.gov.gov.gov
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Changa				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N.4)	
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The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	APRIL 13, 2016	
THE CONTROL OF A PARTIE OF THE CONTROL OF THE CONTR	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes east for the amendment(sere sufficient for approval.	\$)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s)	^o nt
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/well action was not required.	re adopted by the board of directors without shareholder action and shareholde	tr
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
APRI Dated	L 13, 2016	
Se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	t
	AMMAR HABBAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	