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ALBRITTON

## **COVER LETTER**

. TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIEBERMAN BU	SINESS SERVICES INCO	RPORATED
DOCUMENT NUM	D1400000000		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	ALAN WOMACK		
		Name of Contact Person	
	WOMACK BUSINESS SER	VICES INC	
		Firm/ Company	
	2870 REGAS DR W		
		Address	<del> </del>
	JACKSONVILLE, FL 32233	3	
		City/ State and Zip Code	·····
alan	@creditinc.net		
	•	sed for future annual report	notification)
	2 <u></u> 2		
For further information	on concerning this matter, plea	se call:	
ALAN WOMACK		at ( <u>904</u>	) <sup>470-9120</sup>
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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		Amenda Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Ţ	<b>IFRERMA</b>	N	BUSINESS	SERVICES	INCORPOR.	ATED
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name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbit "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  WOMACK BUSINESS SERVICES INC  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrace "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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Name of New Registered Agent	
2870 Regas Dr W	
(Florida street address)	
New Registered Office Address: Jacksonville , Florida , Florida	
(City) (Zip Cod	le)
Name Descriptioned Agent's Companies is shoughed Descriptioned Agents	
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 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	PT John I	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike J</u>	Jones .			
X Add	SV Sally S	<u>Smith</u>			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add				<del> </del>	
Remove					
2) Change	<del></del>			· · · · · · · · · · · · · · · · · · ·	<u></u>
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Add	1				
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6) Change	<del></del>				
Add					
Remove					

ach <i>additional shee</i> .	ts, if necessary). (Be specific)
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n amendment pro	vides for an exchange, reclassification, or cancellation of issued shares,
if not applicable,	menting the amendment if not contained in the amendment itself: , indicate $N/A$ )

. ` The date of each amendment(s) a	doption: N/A	, if other than the
date this document was signed.		
Effective date if applicable:	NA	
Interior take in appreciate.	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this document's effective date on the D		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of vote ufficient for approval.	es cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately	
	t for the amendment(s) was/were sufficient for a	approval
by	(voting group)	,"
1	(voting group)	
☐ The amendment(s) was/were accaction was not required.	lopted by the board of directors without shareho	older action and shareholder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder	action and shareholder
Dated	1/25 /2016	
Signature	-11 d 1/ma	de-
	director, president or other officer - if directors	or officers have not been
	ed, by an incorporator – if in the hands of a rece	eiver, trustee, or other court
аррог	nted fiduciary by that fiduciary)	
	ALAN WOMACK	
	(Typed or printed name of person	signing)
	CEO	
	(Title of person signing	g)