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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

3B PROPERTY MANAGEMENT CORP
P15000029493 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn D Brown
(Name of Contact Person)
(Firm/ Company)
1824 SW 43RD AVE
(Address)
FORT LAUDERDALE, FL 33317
(City/ State and Zip Code)
PANCHO1765@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 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 Flo	rida Dept. of State)		
P15000029493				
(Documen	t Number of Corporation (if l	(nown)	· .	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation ado	pts the follo	wing
A. If amending name, enter the new name of the co	rporation:			
				new'
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "C	Torp." or "I	nc. ''
B. Enter new principal office address, if applicable		<u> </u>		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)			
			-	
	 			—
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			
muless <u>marks be in the born</u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	
				·
	·			
D. If amending the registered agent and/or register		, enter the name of the		
new registered agent and/or the new registered of	of fice address:			
Name of New Registered Agent:				
_				
New Registered Office Address:	(F	lorida street address)		
		D		
	(City)	Florida (Zip Co		
Naw Degistered Agent's Signature if shousing Deg	internal America		·	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		t the obligations of the po	sition.	
		3	运得 。	र्म
		i i		=
	Signature of New Regis	stered Agent, if changing	- 53	
				J
	Page 1 of 4		_	Z.

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 X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Jason Moore	817 NW 12TH AVE APT E
Add			FORT LAUDERDALE, FL 33311
Remove			510 NW 22ND AVE
2) Change	<u>D</u>	Michael Owens	510 NW 22ND AVE FORT LAWDERDAUGFL 33341
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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		<u>-</u>		
	 			
				<u> </u>

	date of each amendment(s) adoption:	_, if other than the
date	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
<u>Note</u> docu	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ON E</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 12/07/2015	
	Signature D. D.	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Shawn D Brown	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	