

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.

(((H17000322491 3)))



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

Division of Corporations

Fax Number : (850)617-6380

Account Name : SUPERBIZ.COM, INC.

DEC 1 1 2017

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 ETC, INC.

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

FILED

Articles of Amendment DEC -8 AH 9: 52

Articles of Incorporation DEC -8 AH 9: 52

Articles of Incorporation DEC -8 AH 9: 52

LA BARRE ETC, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000054923 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: (Cin) 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, uame, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

H17000322491 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 = 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. Sully 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 Junes		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Nanic	<u>√qqı c</u> s	
1) Change	P	LAUREN E DONOVAN	HON COUNTY ROAD	
Add Remove			PALM BEACH, FL 33480	
Kelliove	DP	JACQUELYN'S QUESADA	HON COUNTY ROAD	
Add	-		PALM BEACH, FL 33480	
Remove 3)Change				
Add				
Remove				
4) Change				
Remove				
5) Change				
Add Remove				
6)Change				
Add			H17000322491.:	

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	H17000322491 3
LANCE		
		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	. · <u>-</u>	
If an amendment provides for an exch	ange, reclassification, or cancellation	of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amend	ment itself:
(y un applicable, maidale 1000)		
	<u> </u>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	H17000322491 3
Effective date if applicable:	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	is. The following statement is the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
NOVEMBER 30, 2017 Dated	
Signature	
(By a director, president or other officer - if directors of selected, by an incorporator - if in the hands of a receivappointed fiduciary by that (iduciary)	
JACQUELYN S QUESADA	
(Typed or printed name of person si	gning)
PRESIDENT	
(Title of person signing))