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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TBRW HOLDINGS INC
DOCUMENT NUMBER: P166000 33 793
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all concespondence concerning this matter to the following:
Lochelle WARD
Name of Contact Person
TBRW HOLDINGS INC
Firm/ Company
7378 W ATLANTIC BLUD STR/O,
Address Address
MARGATR, FL 33063  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fachelle WARD at 954, 648 788/
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:
A COST FILL BY THE PROPERTY OF
\$35 Filing Fee

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

	Articles of Amendment	SECRETARY OF STATE
·	to Articles of Incorporation	DIVISION OF CORFERAL (1)
TPP 11	H III of T	2016 DEC 28 FM 4: 29
I DN W	Toldings Inc	L D
(Name of Co	rporation as currenly filed with the Florid	ia Dept. of State)
	(Document Number of Corporation (if known	n)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpora	ation adopts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain t "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
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or t		he name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent: 1gent. I am familiar with and accept the obli	igations 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.

X Change	PT John Do	<u>e</u>		
X Remove	V Mike Jo	<u>nes</u>		
<u>X</u> Add	SV Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title	Name	ı	<u>Addres</u> s
i) Change	<u>C00</u>	GRETA	NURRIS	3/01 JRFFRA 302 SGUMAR CT, DECATUR, GA 33030
Add				Source CT,
Remove				DRCHTUR, GA 33030
2) Change	<u>C00</u>	RLAINR	WARK	Po Box 938897
X Add				MARGATR, FL33093
Remove				
3)Change				
Add				
Remove				
4) Change				
Add		·		
Remove				
5) Change			·	
Add				
Remove				<del></del>
6) Change				
Add				
Remove				

	ional sheets, if necessar	y). (Be specific)			
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	ment provides for an ex or implementing the a	mendment if not co	cation, or cancellati ontained in the ame	on of issued shares ndment itself:	
<u>provisions f</u>	nnlicable_indicate N/A)	,			
<u>provisions f</u>	pplicable, indicate N/A)				
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<u>provisions f</u>	pplicable, indicate N/A)				
<u>provisions f</u>	pplicable, indicate N/A)				

The date of each amendment(s) adoption:	rik the Fiffiother than the
date this document was signed.	JANUSION OF COST STANDARD HAN THE
Effective date if applicable: (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting graust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold	er action and shareholder
action was not required.	
Dated /2/23/16	
Dailed	
Signature	
(By a director, president or other officer - if directo	
selected, by an incorporator if in the hands of a re	ceiver, trustee, or other court
appointed fiduciary by that fiduciary)	3
Xochelle W.	ARD
(Typed or printed name of person	n signing)
CRO	
(Title of person signi	ng)