P1600001838

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711. JUN 16 PH 2:5

C. GOLDEN JUN 20 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:TILBERT	ENTERPRISE, INC			
DOCUMENT NUMBER:	P16000067	838			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
		SONIA TILVES			
		Name of Contact Person	1)		
		TILBERT ENTERPRISE,	INC		
		Firm/ Company	·		
		1000 SW 93 AVE			
		Address			
	Miami FL 33174				
		City/ State and Zip Cod	e		
	•7				
——————————————————————————————————————	nail address: (to be us	sed for future annual report	notification)		
For further information concern	ning this matter, pleas	se call:			
Sonia Tilves Name of Contact Person		31 (786	9700333 de & Daytime Telephone Number		
		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
	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 Ado Amendment Division of C P.O. Box 63 Tallahassee,	Section Forporations 27	Amenc Divisio Clifton 2661 F	Address Innent Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

TILBERT ENTERPRISE, INC

2017 JUN 16 PM 2:51

(Name of Corp	oration as currently filed with the F	lorida Dept. of State)
	P16000067838	្រីដែល។ លោកដែលមិប្រឹក្សិ វង្គ
(I	Document Number of Corporation (if k	nown)
ursuant to the provisions of section 607.1006, F s Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Con</i>	rporation adopts the following amendment
If amending name, enter the new name of t	the corporation:	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "	Corp," "Inc," or "Co". A projessio	
ord "chartered," "professional association," o	or the abbreviation "P.A."	
b. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFIC	E BOX)	
	···	
 If amending the registered agent and/or re new registered agent and/or the new regist 		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered ag		e obligations of the position.
	· · · · · · · · · · · · · · · · · · ·	
	Signature of New Registered Agent, if	f 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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>'</u>	YOANYS QUIALA SANCHEZ	111 NW 58th AVE
X Add			MIAMUFL 33126
Remove			
2) Change			
Add			
Remove			
3) Change			-
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional	iding additional A sheets, if necessary					
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						<u>.</u>
provisions for in	provides for an examplementing the areal	nendm <u>ent if no</u> t	fication, or cane contained in the	ellation of issue amendment its	<u>d shares,</u> elf:	
					<u></u>	
			<u>.</u>			
				<u>-</u>		
						
						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/02/2017 Dated	
Signature Signature	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Sonia Tilves	
(Typed or printed name of person signing)	
President	
(Title of person signing)	