## P16000 012 207

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2919 (CT 31 - MH 10: 3)

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: L&B ENTREPEN	OUR SERVICES INC		
DOCUMENT NUM	P16000072207			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	QIAN LI			
	<del></del> -	Name of Contact Perso	n	
	L&B ENTREPENOUR SER	VICES INC		
		Firm/ Company		
	5760 MEAD AVE			
	-	Address		
	SARASÓTA EL 34233			
		City/ State and Zip Co	de	
OD	EAIR@HOTMAIL.COM			
	_	sed for future annual repor	t notification)	
	,	· · · · · · · · · · · · · · · · · · ·		
For further informati	ion concerning this matter, pleas	se call:		
QIAN LI		at ( 239	d50-2283 ode & Daytime Telephone Number	
Name	e of Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		t Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building		
Tallahassee, FL 32314			2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

• :

## **L&B ENTREPENOUR SERVICES INC.**

2003 000 3 | AM 10: 39

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000072207		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:	<i>Th.</i>	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	5760 MEAD AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SARASOTA FL 34233	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5760 MEAD AVE	
maning diaress MAT IND AT OST OFFICE NO.	SARASOTA FL 34233	
D. If amending the registered agent and/or registered office ad-		
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent		
-		
(Florida S	rreet address)	
New Registered Office Address:	(City) (Zip Code)	
	·	
New Registered Agent's Signature, if changing Registered Aget I hereby accept the appointment as registered agent. I am familian		
<u>×</u>		
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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>\$V</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	MIGUEL HUERTA	5760 MEAD AVE
Add			SARASOTA FL 34233
X Remove			
2) Change	P	QIAN LI	3355 PACIFIC DR
X Add			NAPLES FL 34119
Remove			
3 ) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)  ART II AND IIINEW ADDRESS: 5760 MEAD AVE SARASOTA FL 34233  ART VI AND VIINEW OWNERSHIP QIAN LI
ART VI AND VIINEW OWNERSHIP QIAN LI
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment tile date)	<u> </u>
	(no more than 90 days after amenament fite date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/23/19 Dated	<del>-</del>	
Signature 🔀	Pianl;	
select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	QIAN LI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	