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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MB CAPITAL IN	VESTMENTS, INC.	
DOCUMENT NUMI	P17000021221		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Michael Brumm		
		Name of Contact Pers	on
	MB CAPITAL INVESTME		
		Firm/ Company	
	906 N Belcher Rd	rum/ Company	
		Address	
	Clearwater FL 33765	7.000	
	<u> </u>	City/ State and Zip Co	de
Miko	@strupp.com		
.viike	-	sed for future annual repo	rt natification)
Par Carlo and San Carlo			,
For further information	n concerning this matter, pleas	se can:	
Mike Brumm		at (727	799-1011 Tode & Daytime Telephone Number
Name (of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida De	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Amer Divis Clift	et Address indment Section ion of Corporations in Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MB CAPITAL INVESTMENTS, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new 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:		of Corporation as currently filed with the Florida Dept. of State)		:)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendme its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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 ADD RESS) Clearwater FL 33765 Clearwater FL 33765 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	P17000021221					
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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) Clearwater FL 33765 Clearwater FL 33765 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:		lorida Statutes, this	Florida Profit Corporation adopts the	following am	iendm	ent(s)
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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:						
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:			906 N Belcher Rd			
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 of fice address:			Clearwater FL 33765	<u>}.</u>	8	
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 of fice address:					35	-n
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 of fice address:				<u> </u>	1/2	
				1		LED
N/A N/A	N/A		<u></u>	<u> </u>	iš £i	
Name of New Registered Agent 906 N Belcher Rd	•				0	
(Florida street address)	<u> </u>		reet address)		7	
New Registered Office Address: Clearwater 33765 Florida	Vina Paristrand Office (Idday) Cleary	vater	121. septeter	33765		
New Registered Office Address:, Florida	New Regimerea Office Address.			(Zip Code	·,	

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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PVP	_	Michael Brumm	906 N Belcher Rd
Add				Clearwater FL 33765
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				****
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
		· · · · · ·
		.,,
		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued sha	res.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
_		

10/28/18	if other than the
The date of each amendment(s) adoption:	. If Other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient (for approval
by	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol	der action and shareholder
action was not required. Dated 9 30 18	
Signature	
(By a director, president or other office - if direc	
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
Michael Brumm	
(Typed or printed name of pers	on signing)
PVP C	
(Title of person sig	ning)