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S. TALLENT MAY 16 2017

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MALKINSSEE, TLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Sphinx Enterprises	Inc	
DOCUMENT NUMB	D17000024536		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LOUIS CHIBNIK		
-		Name of Contact Person	n
-		Firm/ Company	
	PO BOX 600900		
-		Address	
·	NORTH MIAMI BEACH F	L 33160	
•		City/ State and Zip Cod	e
lou642	2@yahoo.com		/
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Louis Chibnik		at (³⁰⁵	949-5028
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$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)
Ame Divis P.O.	ing Address Indment Section Indicate of Corporations Indicate of Section 1997 Indicate of Sectio	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPHINX ENTERPRISES INC.						
(Name	of Corporation as currently fil	ed with the Florids	Dept. of Sta	te)		
P17000024536						
	(Document Number of Co	rporation (if known))			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	ida Profit Corpora	tion adopts the	following a	amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:					
				7	The nev	v
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co' ation," or the abbreviation "P.A	. A professional co				
B. Enter new principal office address, (Principal office address MUST BE A S				10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ±	41 -9	<u></u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		80 Box 600	900	A CONTRACTOR	: 0 PH 2: 05	j
		NORTH MIKE	41 BEACH	FL 33	160	
D. If amending the registered agent an new registered agent and/or the ne		in Florida, enter th	e name of the	2		
Name of New Registered Agent	LOUIS CHIBNIK	10 0	Λ.			
		NE 33rd	Hvenue			
New Registered Office Address:	(Florida street a	ddress)	, Florida	33160-		
	(City)		(Zip Cod	de)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the oblig	gations of the p	oosition.		

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	PRES	Michael Camp	bell	400 Sunny Isles Blvd
X Add				Suite 819
Remove				Sunny Isles Beach FL 33160
2) Change				
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4)Change				
Add				
Remove				
5) Change		<u></u>		
Add				
Remove				
6) Change				
Add				
Remove				

	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the amei	ndment if not contained in the amendment itself:

The date of each amendment(s) adopted date this document was signed.	Dn:	, if other than the
Effective date <u>if applicable</u> :		
Ziteente date <u>ii applicable</u> ,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted laction was not required.	by the incorporators without shareholder action and shareholder	
05/05/2017 Dated		
Signature	my Whaden Is	
selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
IVOR	RY MARTIN JR	
***************************************	(Typed or printed name of person signing)	
VP		
	(Title of person signing)	