## P170000 79036

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: \_ \_ JBED INVESTMENTS CORP DOCUMENT NUMBER: P17000079036 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGEL DIEZ Name of Contact Person DBS DIEZ BUSINESS SERVICES INC Firm/ Company 4125 W WATERS AVE Address TAMPA, FL 33614 City/ State and Zip Code DBS.10@FRONTIER.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 871-1816
Area Code & Daytime Telephone Number ANGEL DIEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JBED INVESTMENTS CORP

(Name of Cornoration as cur	rently filed with the Florida Dept. of State)
P17000079036	The special and the Florida Dept. of State
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· = 1
(Trincipal office address: Most Dort Othics Tribbless)	
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 new registered agent and/or the new registered office ado	
Name of New Registered Agent	
(Floric	la street address)
New Registered Office Address:	Ftorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am family	
Signature of N	ew 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FRANCISCO BEZERRA SILVA	8308 N GRADY AVE
X Add			TAMPA, FL 33614
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<del></del>
Can amandanant amaddaa fan un ar al	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	

·	10/04/2017	
The date of each amendment(s) a	doption:	, if other than .
date this document was signed.		
Effective date <u>if applicable</u> :	04/2017	
епесиче часе <u>и арупсавие.</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	r
10/04/201	7	
Dated		
	97D)	
Signature		
	hrector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
арроп	ned fiducially by that fiducially)	
	JEFFERSON DAS NEVES BENEDIKT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	