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Tallahassee, FL 32314

1		COVER LETTER	6
TO: Amendment Section Division of Corporations			•
NAME OF CORPORATION: FL	ORIDA HBS I	∜C	
DOCUMENT NUMBER: P20000	0036541		
The enclosed Articles of Amendme	nt and fee are su	ibmitted for filing.	
Please return all correspondence co	ncerning this ma	atter to the following:	
		Name of Contact Perso	n
FLORIDA E	IBS INC		
	_	Firm/ Company	
2104 N 14TI	LAVE		
	 	Address	· · · · · · · · · · · · · · · · · · ·
HOLLYWO	OD, FL 33020		
-		City/ State and Zip Cod	le
calcanorod@	gmail.com		
-		sed for future annual report	t notification)
For further information concerning	this matter, plea	se call:	
Rodolfo Calcano		at (1
Name of Contact Pe	rson	Area Co) ode & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.7 Certifi	5 Filing Fee & cate 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 Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA HBS INC		
(Name of Corporation as curren	ntly filed with the Florida	Dept. of State)
P20000036541		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corporati</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		
name must be distinguishable and contain the word "corporation," "Inc.," or o.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," on the abbreviation "P.A	A professional corporation	The new sted" or the abbreviation "Corp" on name must contain the word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		···
C. Enter new mailing address, if applicable:	NIA	~ >
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
		7
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ldress in Florida, enter the	e name of the
N/A	: <u>555:</u>	- n
Name of New Registered Agent (1877)		
(Florida .	street address)	
New Registered Office Address:	·	. Florida
	(Сіқу)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agei	nt.	
I hereby accept the appointment as registered agent. I am familia		ttions of the position.
	D to the teach	
Signature of New	Registered Agent, if change	ng

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ T = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR + Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	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>	Address
1) Change	VP	MARIANO T MONROY	1936 BRUCE B DOWNS BLVD
Add			UNIT 310
X Remove			WESLEY CHAPEL, FL 33544
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

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JULY 21, 2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed	
JULY 21, 2020	
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 will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	areholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
JULY 21, 2020 Dated	
Dated	
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)	
RODOLFO E. CALCANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	