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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHANGING OFFICER NAME		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
SANDRA CARUCCI DE OLIVEIRA		
(Nam	e of Person)	
WORLD BUSINESS CENTER, INC.		18 11 21 21 21 21 21 21 21 21 21 21 21 21
(Name of	Firm/ Company)	
28 WEST FLAGLER STREET SUITE		• · · · · · · · · · · · · · · · · · · ·
(4	Address)	
MIAMI FL 33130	/ 17' 0 1)	
For further information concerning this matter, p	e/ and Zip Code) lease call:	
ROBSON DE OLIVEIRA	at (305) 416-4922	
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment Articles of Incorporation of

WORLD BUSINESS CENTER, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P97000080734

(Document number of corporation (if known)

Control of the Contro Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
PLEASE CHANGE WBC PRESIDENT'S NAME TO HER MARRIED NAME. THEREFORE, SANDRA
CARUCCI FIGLIOLINO SHOULD BE CHANGED TO SANDRA CARUCCI FIGLIOLINO LUCENA DE
OLIVEIRA. PLEASE FIND ATTACHED A LETTER STATING THE CHANGE.
SANDRA'S NAME IS FREQUENTLY ABBREVIATED AS SANDRA CARUCCI DE OLIVEIRA, OR
SANDRA DE OLIVEIRA.
PLEASE CHANGE title to PS
0
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 06/18/2004
Effective date if applicable: 06/18/2004
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 18th day of JUNE , 2004
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)
SANDRA CARUCCI DE OLIVEIRA (Typed or printed name of person signing)
PRESIDENT (Title of person signing)
() Rie of Derson Signing)

FILING FEE: \$35

Miami, June 18, 2004

To Whom It May Concern:

This is to inform that I, Sandra Carucci Figliolino, have changed my name to Sandra Carucci Figliolíno Lucena De Oliveira, due to my marriage to Robson Lucena De Oliveira, as you can see on my Driver's License and Social Security Card.

If you have any further question, please do not hesitate to contact me.

Sandra Carucci Figliolino Ludena De Oliveira 9100 SW 140 St Miami, FL 33176 305-254-5581

305-416-4922

Sandra@wbccom.net

STATE OF FOLIDA

COUNTY OF HIMHI - DADE

personally appeared before me, who is personally known to me.

(Seal)

MARTHA GUIA COMMISSION # DD 221450 EXPIRES: June 25, 2007

Notary Public Signature

MARTHA

Notary's Printed Name

My Commission Expires: JUNE 25 - 2007.