P97000097585

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

DIVISION OF CORPORATION

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MAY 2 4 2017

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COVER LETTER

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

DIVISION OF CORPORATIONS

Articles of Amendment to

to
Articles of Incorporation

Interbay OF	Tampa	JUE				
(Name of Corpo	oration as currently	filed with the Florida	a Dept. of State)	••		
P97 0000 97585						
(De	ocument Number of (Corporation (if known))			
Pursuant to the provisions of section 607.1006, Flaits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpora	tion adopts the fol	lowing ame	ndmen	t(s) to
A. If amending name, enter the new name of th	ie corporation:					
				The	new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional co	ncorporated" or i orporation name	the abbrevi must contai	ation n the	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET A		 			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)					
D. If amending the registered agent and/or reginew registered agent and/or the new registered		ss in Florida, enter th	e name of the		_	Aie.
new registered agent and/or the new register	red office address.				-7	SEC.
Name of New Registered Agent					. "No 	1 (7)
	(Florida street	t add and			<u>.</u>	
	(Fioriaa sireei	(aaaress)			<u></u>	
New Registered Office Address:	(C	ity)	, Florida	(Zip Code)	-Çığı	DE ST
				-	20	THE STATE
New Registered Agent's Signature, if changing	Registered Agent:					5
I hereby accept the appointment as registered ager	ıt. I am familiar wit	h and accept the oblig	ations of the posit	ion.		
	ignature of New Reg	istered Agent, if chans	ging			

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)

Remove

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.

X Remove X Add X Add SV Sally Smith Type of Action (Check One) Change Address Deficer Address Address Title Bamuel Shoubakii 7404 S. Fitz quertamp. PL 33676- Tempore Change Change Change Add Remove Address Total Address Total Address Address	
Type of Action (Check One) 1) Change	
Check One) 1)Change	
Change Officer Samuel Shoubaki 7404 S. Fitzger tamp. PL 33616- Remove 2) _Change Officer Hussien Shoubaki 4733 Ohio Ave	
Remove 2)Change Oppicer Hussien Shoubaki 4733 Ohio Ave	rald st
2) _ Change Oppicer Hussien Shoubaki 4733 Ohio Ave	2131
1 1 0 0 0 1	
<u>X</u> Add <u>tamb</u> FC 33616	
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	

If amending	g or adding additional Articles, enter change(s) here:	
Attach addi	itional sheets, if necessary). (Be specific)	
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re . 1	l de la companya de l	
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not a	applicable, indicate N/A)	
	-	
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than the
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 require document's effective date on the Department of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	
"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 a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and staction was not required.	nareholder
Dated 5-16-2017	
Signature /	
(By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee,	
appointed fiduciary by that fiduciary)	or only court
MARIA SHOUDOUI (Typed or printed name of person signing)	
Vice- Precident.	

(Title of person signing)