(Re	equestor's Name)	
(Ac	idress)	<del> </del>
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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(Document Number)		
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## **COVER LETTER**

Division of Corporations ROBER EQUIPMENT, INC-P990000095274 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA DE SOUZA SIMOES LOBBR EQUIPMENT, INC. BOLD RATIN, FL. 33433 For further information concerning this matter, please call: CLOUD IN DE SOULD SIMOES at (554) 548-8855

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

## Street Address

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

**Articles of Amendment** to

FILED 2009 MAR 13 AM 9: 16

0	of	TALLAG
LOBER ED	WIRMENT, INC.	
(Name of Corporation a	as currently filed with the Florida	a Dept. of State)
P990000	85274	
	ent Number of Corporation (if know	wn)

Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	or Profit Corporation add
A. If amending name, enter the new name of the corporation	on:	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		
B. <u>Enter new principal office address, if applicable:</u> ( <i>Principal office address <u>MUST BE A STREET ADDRESS</u>)</i>		
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 ad		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	<del></del>
<del> </del>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am		accept the obligations of

the position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
λP	ROBELLO SIMIES	BOLD RATIN, FL	Add
<u> </u>	, C	BORD RATIN, FL	Remove
			-
			_ 📮 Add
<del>-</del>			_ Remove
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			_ Remove
			_
	nding or adding additional Articles, en additional sheets, if necessary). (Be s		
(unuen i		pecy.c/	
			<del>718 \</del>
F. <u>If an a</u>	mendment provides for an exchange ions for implementing the amendmen	, reclassification, or cancellation of is	sued shares,
	not applicable, indicate N/A)	it if not contained in the amendment	itseii.
	,		

The date of each amendment(s) adoption:	e4) 6, 2019
Effective date if applicable:	,
(no more than 90 days after	amendment file date)
Adoption of Amendment(s) (CHECK ONE	)
The amendment(s) was/were adopted by the members a was/were sufficient for approval.	nd the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	ne amendment(s). The amendment(s) was/were
Dated 3/6/09	T
	an of the board, president or other officer-if directors corporator – if in the hands of a receiver, trustee, or y that fiduciary)
CLOV) ID & C. (Typed or printe	d name of person signing)
PRES 1DEN	

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