506987

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			



600257515406

03/19/14--01011--009 **35.00



Office Use Only

1 (anch 8)

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 127 MANAGEMENT CO.

DOCUMENT NUMBER: 506987

The enclosed Articles of Amendment and fee are submitted for filing.

DOCUMENT NUMBER:

¢

Please return all correspondence concerning this matter to the following:

PAPL LINGBACK
Name of Contact Person 72) MANAGEMENT CO
Firm/Company

2120 SUNNY DALE BUD #8

Address CLEARWATER FL. 33765

City/State and Zip Code

mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (305) 522-27/8

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

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



Articles of Incorporation (Document Number of Corporation (if known)

nendment(s) to

(,			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit C	<i>orporation</i> adop	ots the followin	g amendme
A. If amending name, enter the new name of the corporation:				
LINDBACK CONSTRUCT	on	Co		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation ""	ı," "company," Co". A professi	or "incorpora	ted" or the a	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2130 #8	SUNNY	<i>Idale</i>	BLUd
	CLEAR	NATIER	Fh. 3	7765
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 addr new registered agent and/or the new registered office address:		nter the name	of the	-
Name of New Registered Agent				
·				
(Florida stre	eet address)	<u> </u>		
New Registered Office Address:		. Florida		
(City)		, 1 101100	(Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept ti		f the position.	
Signature of New Registered A	gent, if changing	7		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or ado	E. If amending or adding additional Articles, enter change(s) here:			
(Attach additional si	heets, if pecessary).	(Be specific)		
n	1 A			
	/ /			
/			······································	
	·			
			······	
			-	
F. If an amendment t	orovides for an exch	nange, reclassification, or cancellation of issued shares,		
provisions for im	plementing the amer	ndment if not contained in the amendment itself:		
(if not applica	ble, indicate N/A)			
	/			
n//	/ A-			
10/	<i>/</i>			
7				
				

The date of each amendment(s) adoption: 3-15-14 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 91) days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 ."	
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.	
Dated 3-15-14 Signature Per Lung Buck	
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)	
CArL LINGBACK (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pres	
(Title of person signing)	