N17000011835

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: REACH BACC
DOCUMENT NUMBER: N17000011835
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latoyia Banks
(Name of Contact Person)
(Firm/ Company)
14323 SW 274 Way
(Address)
Homestead F1 33032 (City/ State and Zip Code)
LS DONKS 78 @ OM OIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Latoy1a Banks 305-834-0304
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation

Reach BACC	INC.		
(Name of Corporation as co	urrently filed with the	Florida Dept. of State)	
N1700001	1925	,	
(Doolman)	Number of Corporation	/ifknown)	
(1)Ocument i	Number of Corporation	(II KHOWII)	
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corp	poration:		
			TI .
name must be distinguishable and contain the word "con	rnoration" or "incorne	ovated" or the abbreviation "Corn"	_The new or "Inc "
"Company" or "Co." may not be used in the name.	portinon or incorpo	rinea or me and entitled corp.	or inc.
D. Parana and a deal of Constitution of an alternation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	· · · · · · · · · · · · · · · · · · ·	
	 ′		.
			T.
		F = 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C. Enter new mailing address, if applicable:			= [1]
(Mailing address MAY BE A POST OFFICE BOX))	<u> </u>	TE (3)
		 	
			: <u>.</u>
			
D. If amending the registered agent and/or registered		rida, enter the name of the	
new registered agent and/or the new registered of	nce address:		
Name of New Registered Agent:	<u> </u>		
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I		ccept the obligations of the position.	
	Signature of New I	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)

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 <math>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 X Remove X Add		<u>Doe</u> Jones Smith			
Type of Action (Check One)	<u>Title</u>	Name .		<u>Addres</u> s	
1) Change Add Remove	<u>C</u> EO	Latoura to be to ce	1 Bunks Changed O	14373.5W2 Homestead F 33032	
2) X Change Add Remove	<u>Coo</u>	Derri to be o	<u>ck B</u> anl Changed 2	S 14323 SW Homestead F 33032	276 wa
3) Change Add Remove					
4) Change Add Remove					-
5) Change Add Remove					
6) Change Add Remove					

f amending or adding additional Artinuch additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: 2/4/2019 date this document was signed.	, 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 requirements, this date will not 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 2/10/2019	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LCHOULD BUNKS (Typed or printed name of person signing)	
CEO	
(Title of person signing)	