## P14000083944

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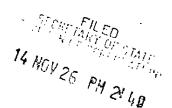
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BJ Burns II	ncorporated	
DOCUMENT NUMI	BER: P1400008396	<u> </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Antonio Hyppolite	€	
		Name of Contact Perso	n
	BJ Burns Incorpo	ration	
		Firm/ Company	
	4700 Biscayne B	lvd Ste 501	
		Address	
	Miami, Florida 33	137	
		City/ State and Zip Cod	e
info	@outlookinternat	ionalelectric cor	n
		sed for future annual report	
	,	•	,
For further information	concerning this matter, pleas	se call:	
Antonio Hypp	oolite	at (786	, 486-5798
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			<del>-</del>
i anangosee, i il 52514		Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



BJ Burns	Incorporated	

(Name of Corporation as	currently filed with the I	Clorida Dant of State)		
P14000083964	currently theo with the i	Norida Dept. 01 State)		
(Docume	nt Number of Corporation (	if known)	<del> </del>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adop	ots the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
B.J. Burns Incorporated			7	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	ited" or the abb	reviation
B. Enter new principal office address,		4700 Biscayne B	lvd	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Ste 501		
		Miami, Florida 33	137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the name	of the	
new registered agent and/or the new			<del></del>	
Name of New Registered Agent	N/A			
		reet address)		
New Registered Office Address:	N/A	, Florida		
	(City)	)	(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. Lam familiar	with and accept the obligations of	f the position.	
	NIA			
Si	gnature 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)

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>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	N/A	N/A
Add			
Remove			
2) Change		NA	N/A
Add			
Remove		N/A	h [ ] ]
3) Change			NIA
Add			
Remove			
4) Change		NA	N/A
Add			
Remove			
5) Change		KC/A	NIA
Add			
Remove			
		1./	/ ,
6) Lhange		N/A	NA
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Please add the new EIN No. 47-2106989
F. If an amendment provides for an 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)
N/A

The date of each amendment(s) adoption: 11/24/2014 date this document was signed.	, if other than the
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	<del></del>
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 N/A	
(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_11/24/2014	
SignatureOt - IL	_
(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)	
Antonio Hyppolite	
(Typed or printed name of person signing)	_
Treasurer	
(Title of person signing)	_