Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001546873)))



H170001546873ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: KIJOENNA SERVICES INC Account Name

Account Number : I20080000033

Phone

: (305)644-3055

Fax Number

: (305)644-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |
|-------|----------|--|--|

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BD MANAGEMENT SOLUTIONS, CORP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

JUN 12 2017

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

| TO: Amendment Sect<br>Division of Corpo                                                            |                                                |                                                    |                                                                                         |  |
|----------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| NAME OF CORPOR                                                                                     | RATION: BD MANAGEME                            | ENT SOLUTIONS, CORP                                |                                                                                         |  |
| DOCUMENT NUMB                                                                                      |                                                |                                                    |                                                                                         |  |
|                                                                                                    | of Amendment and fee are si                    | ubmitted for filing.                               | •                                                                                       |  |
| Please return all corres                                                                           | spondence concerning this ma                   | atter to the following:                            |                                                                                         |  |
|                                                                                                    | ENNA DIEPPA                                    |                                                    |                                                                                         |  |
|                                                                                                    |                                                | Name of Contact Perso                              | n                                                                                       |  |
|                                                                                                    | KUOENNA SERVICES INC                           | Ç                                                  |                                                                                         |  |
|                                                                                                    | Firm/ Company                                  |                                                    |                                                                                         |  |
|                                                                                                    | 2141 SW 1st ST SUITE 110                       |                                                    |                                                                                         |  |
|                                                                                                    |                                                | Address                                            |                                                                                         |  |
|                                                                                                    | MIAMI, FL 33135                                |                                                    | ·                                                                                       |  |
|                                                                                                    |                                                | City/ State and Zip Cod                            | c                                                                                       |  |
| KRIS                                                                                               | JOENNA@YAHQQ.COM                               |                                                    |                                                                                         |  |
|                                                                                                    |                                                | sed for future annual report                       | notification)                                                                           |  |
|                                                                                                    |                                                |                                                    | <b>-</b>                                                                                |  |
| For further information                                                                            | o concerning this matter, plea                 | se call:                                           |                                                                                         |  |
| DANIEL GONZALEZ                                                                                    |                                                | at (                                               | ) 733-3301<br>de & Daytime Telephone Number                                             |  |
| Name o                                                                                             | of Contact Person                              | Area Co                                            | 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 &<br>Certificate of Status | Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of \$tatus Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallabassee, FL 32314 |                                                | Amend<br>Divisio<br>Clifton<br>2661 E              | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301   |  |

## Articles of Amendment to · Articles of Incorporation of

| filed with the Florida Dept. of State)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Corporation (if known)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Florida Profit Corporation adopts the fo | ollowing amo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | endment(s) to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Co". A professional corporation name     | the abbrev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | viation ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2141 SW !st ST SUITE 110 MIAMI,          | FL 33135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 2141 CW 1-4 CT CUUTE 110 MAAAA           | 77.077.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2141 SW 131 ST SOTTE TO MANI,            | FL 33135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| ss in Florida, enter the name of the     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - <del>1</del> 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| et address)                              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| er address), Florida                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          | Corporation (if known)  Florida Profit Corporation adopts the formula Profit Corporation adopts the formula Profit Corporation adopts the formula Profit Corporation of the corporation | Corporation (if known)  Florida Profit Corporation adopts the following amount of the Profit Corporation adopts the following amount of the Profit Corporation and the Profit Corporation of the Profit Corporation adopts the following amount of the Profit Corporation adopts the Profit Corporation adopts the Profit Corporation of the Profit Corpor |

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:<br>X Change          | PT          | John Doe        |                          |  |
|-------------------------------|-------------|-----------------|--------------------------|--|
| X Remove                      | Y           | Mike Jones      |                          |  |
| X Add                         | <u>sv</u>   | Sally Smith     |                          |  |
| Type of Action<br>(Check One) | Title       | Name            | Address                  |  |
| 1) Change                     | VP          | DANIEL GONZALEZ | 2141 SW 1st ST SUITE 110 |  |
| X Add                         |             |                 | MIAMI, FL 33135          |  |
| Remove                        |             |                 |                          |  |
| 2) Change                     |             |                 |                          |  |
| Add                           |             | •               | <u> </u>                 |  |
| Remove                        |             |                 |                          |  |
| 3 ) Change                    |             | <u> </u>        | ***                      |  |
| Add                           |             |                 | ·                        |  |
| Remove                        |             |                 |                          |  |
| 4) Change                     | <del></del> |                 |                          |  |
| Add                           |             |                 |                          |  |
| Remove                        |             |                 |                          |  |
| 5) Change                     |             |                 |                          |  |
| Add                           |             |                 |                          |  |
| Remove                        |             |                 |                          |  |
| 6) Change                     |             |                 |                          |  |
| Add                           |             |                 | · · ·                    |  |
| Remove                        |             |                 |                          |  |

| <ol> <li>If amending or adding additional Arti<br/>(Attach additional sheets, if necessary).</li> </ol> | (Be specific)                                              |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| N/A                                                                                                     |                                                            |
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|                                                                                                         |                                                            |
| The second second manufacture of the second                                                             | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame                                                                     | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)                                                                       |                                                            |
| 50 SHARES DANIEL BRANDON                                                                                |                                                            |
| 0 SHARES DANIEL GONZALEZ                                                                                |                                                            |
|                                                                                                         |                                                            |
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| The date of each amendmen date this document was signed |                                                                                                                                                                                                               | if other than the      |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Effective date if applicable:                           | 03/08/2017                                                                                                                                                                                                    |                        |
| · · · · · · · · · · · · · · · · · · ·                   | (no more than 90 days after amendmen: file date)                                                                                                                                                              |                        |
|                                                         | this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.                                                                                      | l not be listed as the |
| Adoption of Amendment(s)                                | (CHECK ONE)                                                                                                                                                                                                   |                        |
|                                                         | are adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.                                                                                                  | ·                      |
|                                                         | ee approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):                                                      |                        |
| "The number of vote:                                    | s cast for the amendment(s) was/were sufficient for approval                                                                                                                                                  |                        |
| ру                                                      | (voting group)                                                                                                                                                                                                |                        |
|                                                         | (voting group)                                                                                                                                                                                                |                        |
| The amendment(s) was/we action was not required.        | re adopted by the board of directors without shareholder action and shareholder                                                                                                                               |                        |
| ☐ The amendment(s) was/wer action was not required.     | re adopted by the incorporators without shareholder action and shareholder                                                                                                                                    |                        |
| 06/08<br>Dated                                          | /2017                                                                                                                                                                                                         |                        |
| Signature                                               | Brandon Daniel.                                                                                                                                                                                               |                        |
| (F                                                      | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) | <del>-</del>           |
|                                                         | DANIEL BRANDON                                                                                                                                                                                                |                        |
|                                                         | (Typed or printed name of person signing)                                                                                                                                                                     |                        |
|                                                         | PRESIDENT                                                                                                                                                                                                     |                        |
|                                                         | (Title of person signing)                                                                                                                                                                                     |                        |