## P160000 17908

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. .

NAME OF CORPOR	RATION: BHML USA 6 INC		
DOCUMENT NUMI	BER: P16000077908		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MD ANWARUL HOQUE		
		Name of Contact Persor	1
	BHML USA 6 INC		
		Firm/ Company	
	2762 SE BIRMINGHAM DI	₹ 4	
		Address	
	STUART, FL 34994 US		
		City/ State and Zip Code	3
ahva	ne25@hotmail.com		
	•	sed for future annual report	notification)
	(		,
For further information	n concerning this matter, pleas	se call:	
MD ANWARUL HO	QUE	at ( <u>561</u>	827-6030
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

		•••
Articles	θf	Incorporation

	Articles of Inco	orporation		
RHM	$1/(15A)^{\circ r}$	TMC		
(Name (	of Corporation as currently	filed with the Flori	da Dent. of State).	
Plan	YXX 7790	8	<del>111                                  </del>	
	(Document Number of	Corporation (if know	n)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <b>F</b>		ation adopts the following amendr	nent(s) t
A. If amending name, enter the new na	ime of the corporation:			
			The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional	incorporated" or the abbreviatic corporation name must contain to the contain to	on he
B. Enter new principal office address,	if anolicable:			
(Principal office address <u>MUST BE A S</u>			· · · · · · · · · · · · · · · · · · ·	•
			<del> </del>	=
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				-
				-
D. If amending the registered agent an			the name of the	
new registered agent and/or the new	_			
Name of New Registered Agent	MD ANWARUL HOQUE			
	2762 SE BIRMINGHAM I	OR 4		
	(Florida stre	et address)		
N. D. C. 100 111	STUART		34994 , Florida	
New Registered Office Address:		City)	, Florida(Zip Code)	-
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the ob	ligations of the position.	
	Aug			
	Signature of New Re	egistered Agent. if cho	mging	
	-· · · · · ·	• •		

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>SV</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		MD ANWARUL HOQUE	2762 SE BIRMINGHAM DR 4
X Add			,	STUART, FL 34994 US
Remove				
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<del></del>	_		
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
i/A	
	<del></del>
	<del></del>
<del></del>	
	<del></del>
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
i/A	
	<del></del>
	<del> </del>

The date of each amendment(s) addate this document was signed.	tion:, if other than t
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as itment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):
"The number of votes east f	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated 🗢 1 - 2	2019
	2 -
Signature	<u> </u>
	tor, president or other officer – if directors or officers have not been yan incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
-	Vice President 2017 (Title of person signing)