P18000083516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

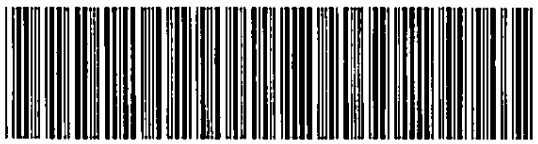
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Nahid Barakat called and gave permission to add "Suffix" to new name.

Office Use Only DC. 05/21/19



700328247357

04/24/19--01010--002 **43.75

FILED
2019 MAY 21 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FL

N/C & Amend. 05-21-19 D.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2019

NAHIL BARAKAT
2401 SUNSET POINT DR.
LAKE WALES, FL 33898

SUBJECT: BSMK CORP.
Ref. Number: P18000083516

We have received your document and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor Letter Number: 819A00008995

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BSMK CORP

DOCUMENT NUMBER: P18000083516

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

Please return all correspondence concerning this matter to the following:

NAHIL BARAKAT
Name of Contact Person

BQS SERVICES
Firm/ Company

2401 SUNSET POINT DR
Address

LAKE WALES FL 33898
City/ State and Zip Code

GHB2250@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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 ■ $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
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
to
Articles of Incorporation
of

BSMK CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000083516

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

360 GREEN SOLUTIONS CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

8301 WRENS WAY
LARGO FL 33773

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 803
LAKE WALES FL 33859

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2019 MAY 21 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FL

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	P	ERFAN SAID I	1035 ARLINGTON AVE N
___ Add			ST. PETERSBURG, FL 33705
X ___ Remove			
✓ 2) ___ Change	P	WAEL ELMOUGY	8301 WRENS WAY
X ___ Add			LARGO FL 33773
___ Remove			
3) X ___ Change	VP	ELNASHER BADER M	8301 WRENS WAY
___ Add			LARGO FL 33773
___ Remove			
4) X ___ Change	MBR	ALY MOHAMED N	8301 WRENS WAY
___ Add			LARGO FL 33773
___ Remove			
5) X ___ Change	MBR	ATTIA KARIM B	8301 WRENS WAY
___ Add			LARGO FL 33773
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary).* *(Be specific)*

THE COMPANY IS OWNED EQUILLY BY THE FOUR SHAREHOLDERS

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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 be listed as the document's effective date on the Department of State's records.

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 _____."

(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 4-20-2019

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)

SAEID ERFAN

(Typed or printed name of person signing)

President

(Title of person signing)