P16 (CCO) 77708

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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
J. HORNE JAN 28 2022			
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SECRETARY OF SIGN

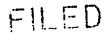
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BHML USA 6 INC		<u> </u>		
DOCUMENT NUME	BER: P16000077908				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	HOQUE, ANWARUL, MD				
		Name of Contact Person	1		
	BHML USA 6 INC				
		Firm/ Company			
	1310 SE OCEAN BLVD				
		Address			
	STUART, FL 34996				
	······································	City/ State and Zip Code	 		
	ahoque25@hotmail.com				
	. •	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
ahoque25@hotmail.co	om	at (⁵⁶ 1	827-6030		
Name (of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BHML USA 6 INC

2022 JAH 10 PH 12: 17

DIENIE CON O INC		TOTA DAM TO THIS IT		
(Name o	of Corporation as currently	y filed with the Florida Dept. of State) DY OF STATE		
P16000077908	(Name of Corporation as currently filed with the Florida Dept. of State) SEUNE PARY OF STATE TALL AHASSEE, FLORE TALL AHASSEE,			
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
N/A		The new		
	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl	icable:			
(Mailing address MAY BE A POST		813 SE Ocean Ave		
		Stuart, FL 34996		
D. If amending the registered agent are				
new registered agent and/or the ne-		_		
Name of New Registered Agent	HOQUE, ANWARUL, M	<u> </u>		
	813 SE Ocean Ave			
	(Florida str	eet address)		
New Registered Office Address:	Stuart	34996 , Florida		
New Registeres Office Maintain.		(City) (Zip Code)		
New Registered Agent's Signature, if call hereby accept the appointment as regis		<u>:</u> with and accept the obligations of the position.		
	Signature of New R	egistered Agent, if changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	P	HOQUE, ANWARUL, MD	813 SE Ocean Ave		
X Add			Stuart, FL 34996		
Remove			1310 SE OCEAN BLVD		
2) Change	<u>v</u>	Sajib Chowdhury	STUART, FL 34996		
X Add					
Remove 3) Change	D	Begum, Kulsum	813 SE Ocean Ave		
X Add			Stuart, FL 34996		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	•	(Be specific)			
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rovisions for imp	lementing the ame	hange, reclassificatendment if not cont	tion, or cancellati tained in the ame	on of issued share ndment itself:	<u>8,</u>
rovisions for imp	rovides for an excludementing the amoble, indicate N/A)	hange, reclassificatendment if not cont	tion, or cancellati tained in the ame	on of issued share ndment itself;	<u>8.</u>
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The date of each amendment(s) ac	doption:	, if other than
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/21/2021 Dated		
Signature	The state of the s	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	HOQUE, ANWARUL, MD	
	(Typed or printed name of person signing)	
	P President	
	(Title of person signing)	·· ———————————————————————————————————

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