

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.

(((H23000284441 3)))



H230002844413ABC

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

Division of	Corporations
Fax Number	: (850)617-6380

From:

To:

Account Name : LAW OFFICES OF NELSON & NELSON, P.A. Account Number : I20230000119 Phone : (305)932-2000 Fax Number : (305)932-6585

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

Email Address: ALEXANDRAGESTATETAXLAWYERS.COM

# COR AMND/RESTATE/CORRECT OR O/D RESIGN

# **BULLET ONE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Help

<u>-</u> ಗ

Electronic Filing Menu Corporate Filing Menu

#### FAX AUDIT NUMBER: H23000284441 3

Articles of Amendment to Articles of Incorporation of

Bullet One, Inc.

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

659171

(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:

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. <u>Eater new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		2023 12	,
	3615 NW 2nd Ave	AUG I	
	Miami, FL 33127	AS ST	1 6 <b>-17</b> 1
nd/or registered office w registered office add	address in Florida, enter the dress:		-
Spencer Kramer			
3615 NW 2nd Ave			
(Flori	da street address)		
Miami, FL		Florida 33127	
	(City)	(Lip Code)	
	(Call)	(Lip Code)	
	ITREET ADDRESS ) Icable: OFFICE BOX) nd/or registered office w registered office add Spencer Kramer 3615 NW 2nd Ave (Flore Miemi, El	Image: TREET ADDRESS () Miami, FL 33127   Image: Miami, FL 33127 3615 NW 2nd Ave   OFFICE BOX() 3615 NW 2nd Ave   Miami, FL 33127 Miami, FL 33127   Image: Miami, FL 33127 Miami, FL 33127	If applicable: If applicable:   If applicable: If applicable:   OFFICE BOX 3615 NW 2nd Ave   Miami, FL 33127 If applicable:   OFFICE BOX Miami, FL 33127   Miami, FL 33127 If applicable:   OFFICE BOX Miami, FL 33127   Miami, FL 33127 If applicable:   Office address in Flurida, enter the name of the If applicable:   Spencer Kramer If applicable:   3615 NW 2nd Ave If applicable:   (Florida street address) If applicable:   Miami, FL , Florida

Signature of New Registered Ageni, if changing

Check if applicable

12 The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S. ----

FAX AUDIT'N	NUMBER: H230002844	413
-------------	--------------------	-----

### FAX AUDIT NUMBER: H23000284441 3

# 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 John I</u>	Doe	
X Remove	<u>⊻ Mike</u>	Jones	
<u>X</u> Add	<u>SV Sally</u>	<u>Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	Address
l) Change	D	Jane Moscowitz	2525 Ponce de Leon Blud
Add			Suite 100
x Remove		,	Coral Gables FL 33134
2) Change	PVTSD	Kandy Kramer	1801 W 27th Street
Add		· · · · · · · · · · · · · · · · · · ·	Miami Beach, FL 33140
X Remove	PVTSD	Norman Moscowitz	2525 Ponce de Leon Blvd., Ste 100
Add			Coral Gables FL 33134
X Remove			
4) Change			
Add			
Remove			
5) Change	and a second	/// <b>Pa =</b> //// <b>P</b>	
Add			
Remove			·
δ)Change	`	· · · - · · · · · · · · · · · · · · · ·	
Add			
Remove			
<b>ΓΑΧ ΑΙ</b> Π	DIT NUMBER	· H23000284441 3	

FAX AUDIT NUMBER: H23000284441 3

# FAX AUDIT NUMBER: H23000284441 3

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

	U) 18
	and an and a second
	25 6
	22
	72.5
	and the second of the second
If an amendment provides for an exchange, reclassification, or cancellation of issued a	hares
provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	<u>.</u>
	and the second

.

FAX AUDIT NUMBER: H23000284441 3

.

## FAX AUDIT NUMBER: H23000284441 3

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 d	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adaption of Amendment(s) (CHECK ONE)	· · · · ·
() The amendment(s) was/were adopted by the incorporators, or boa action was not required.	rd of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	Imber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	th voting groups. The following statement e separately on the amendment(s):
"The number of votes cast for the amendment( $\mathfrak{s}$ ) was/were :	sufficient for approval
by (voting group)	FPA 28
Dated 7/23	
(By a director, president or other officer selected, by an incorporator ~ if in the h appointed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustce, or other court
Spencer Kramer	
(Typed or printed nam	ne of person signing)
President	
(Title of person signi	ng)

FAX AUDIT NUMBER: H23000284441 3

١

-