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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BUSINESS BOOK	KKEEPING SERVICE INC	·		
DOCUMENT NUMB					
	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
ı	REGINA SWEAT				
_		Name of Contact Person	1		
ı	BUSINESS BOOKKEEPING SERVICE INC				
-	Firm/ Company				
	2711 N.W. 6TH STREET - SUITE E				
-	Address				
•	GAINESVILLE, FL 32609				
-		City/ State and Zip Code	e		
REGI	NA@BUSBKP.COM				
	_	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
REGINA SWEAT		at (352	375-2797		
Name o	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of	Incorpo	ration
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Ω : Ω	of ,	~ ·			
pus ness Dool	tocare	Service	nc		
(Name of Corporation	on as currently filed	with the Florida Dep	t. of State)		
18713	<u> </u>				
(Docum	nent Number of Corpo	ration (if known)			
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	i Statutes, this <i>Florida</i>	Profit Corporation a	dopts the follow	ving ameno	lment(s) to
A. If amending name, enter the new name of the co	rporation:				
				The >	
name must he distinguishable and contain the wor, "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	." "Inc." or "Co", .:	ompany," or "incorp 1 professional corpor	orated" or the ation name mu	abbreviat st contain	tion the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					- <u>-</u>
(Frincipal hypice dadress <u>most bl. A SIRELT Abb</u>				<u></u>	_
				는 9	
			- 上 添	(20	_ 11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	Y)		388	<u> </u>	
	<u> </u>			9 3	_i11
			<u></u>		- 0
				<u> </u>	_
D. If amending the registered agent and/or register	ed office address in I	Florida, enter the nai	J> me of the	•	
new registered agent and/or the new registered		torium tite inc inc	inc or the		
Name of New Registered Agent					
	(Florida street addr	PSS)			
New Registered Office Address:			. Florida		
New Neglinerea Office Address.	(City)		_,	ip Code)	_
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent:	Lagrant the obligation	en uteka manisia		
i nerven, accept the appointment as registered agent.	i am jamaar wun ana	сассері іне овицанов	ь ој те рохита	ν.	
Signe	ature of New Registere	ed 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	MARIE A VENTRELLA	15505 N.W. 31 TERRACE
Add			GAINESVILLE, FL 1760
XX Remove			<u> </u>
2) Change			
Add			
Remove			> = = = = = = = = = = = = = = = = = = =
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Кеточе			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
		
		
		
		
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		APR 10 REFARY AHASSE
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	AMII: OF STA FLOR
provisions for implementing the amer	dment if not contained in the amendment itself:	100 11.S
(if not applicable, indicate N/A)		
		A A G
		

	APRIL 9, 2019	
The date of each amendment		, if other than
date this document was signed		
Effective date if applicable:	APRIL 9, 2019	
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement and 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)	
action was not required. The amendment(s) was/wer action was not required. APRI Dated Signature (B)	te adopted by the board of directors without shareholder action and shareholder te adopted by the incorporators without shareholder action and shareholder L 9, 2019 L 9, 2019 T ORD A DE CORD T ORD T	FILED 19 APR 10 AM III IL SECRETARY OF STATE
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	

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