L48916

. (Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEST MERCHAN	DISE OF FLORIDA, INC.		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	ROSE TAYLOR			
,		Name of Contact Person	l	
	BEST MERCHANDISE OF	FLORIDA, INC.		
	17020 SW 93 AVENUE	Firm/ Company		
	Address			
	MIAMI, FLORIDA 33157			
		City/ State and Zip Code	2	
MILT	`AY222@AOL.COM			
	9	sed for future annual report	notification)	
	·	·		
For further information	n concerning this matter, pleas	se call:		
ROSE TAYLOR		at (<u>305</u>	235-6511	
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

of

Best Merchandise of F	Torida, Inc.	
	filed with the Florida Dept. of State)	
L48916		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:	;	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name mu	Approviation of the state of th
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3: 27 FINALE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	ret address)	_
New Registered Office Address:	. Florida	
	(City) (7	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positio	n.
Signature of New Re	egistered 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 = ChiefExecutive 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
1) Change	P,S	ROSE TAYLOR	17020 SW 93 AVENUE
X Add			MIAMI, FL 33157
Remove			
2) Change	Р	PATRICK TAYLOR	17020 SW 93 AVENUE
Add			MIAMI, FL 33157
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			<u>-</u>
Add			
Damova			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
/A	•
	·
	•
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	

	AUGUST 23, 2016	
The date of each amendment date this document was signed		, if other than the
Dec. at d.a. tëltbl	AUGUST 23, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wes by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG	UST 22, 2016	
Dated		
m: .	Kese Yay lor	
Signature(E	By a director, president or other officer – if directors or officers have not been	•
SC	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	ROSE TAYLOR	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	