## N1800005325

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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Bactie Inc
DOCUMENT NUMBER: N 1800005375
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CASONDICA BADIG (Name of Contact Person)
BADIE ENTERPISES INCURPORATED OF FLURIDA (Firm/Company)
35 E BLUE HERON BUD (Address)
RIVIERA BEACH FL 33404 (City/State and Zip Code)
CASCING KIT BADIE CO GIVERIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CASONDICA BADIE at 5614446413 (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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314  Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301  The Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301  The Corporations Clifton Building Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301
do not ferget to send out

Thanks

## Articles of Amendment to Articles of Incorporation

		Articles of incorporation
		of
BADIE	IN (	
	(Name of Corporation	on as currently filed with the Florida Dept. of State)
Channi	200-	

	my my med with the ranton repair or exace,	
N1800005325	Number of Corporation (if known)	<del></del>
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation ado	pts the following
A. Hamending name, enter the new name of the cor BADIE Enterprises	Incorporated of Flo	rida The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated" or the abbreviation "C	orp. or Inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> )	RESS )	***
		T
		- E - E - E - E - E - E - E - E - E - E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<b>Y</b> 1	
(Stating address MAT BE AT USE OF CICE 602		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:	: 39 Afr Riba
Name of New Registered Agent		
-		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the po	sition.
	Signature of New Registered Agent, if changing	<del></del>

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:

 $P = President; V \in Vice President; T = Treasurer; S \in Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Freasurer, Director would be PTD.$ 

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 X_Remove X_Add	<u>PT</u> <u>Σ</u> <u>SV</u>	John Do Mike Jo Sally Sm	<u>nes</u>	
Type of Action (Check One)	Title		Name	Address
1) Change Add		_		
Remove				
2) Change	<del></del>			
Add				
3 + Change		<del></del>		
Remove				
4) Change Add				
Remove				
51 Change		_		
Add				
6) Change	-	_		
Add				
Remove				

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	if other than the
Effective date if applicable: 5 9 201 8	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated TWE LACIS Signature	
(By the chairmin or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	