P0000016353

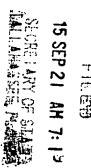
(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)	 	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		: :	
		: :	





000276884310

09/21/15--01003--011 **35.00





75. 200

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: By H Paving, Inc.
DOCUMENT NUMBER: 20000016353
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Baker A Mahammad
(Name of Contact Person)
BAH Paving Inc.
(Firm/ Company)
2156 Chafala Dr.
(Address)
Kissimmee, Fl 34746 (City/State and Zlp Code)
(City/ State and Złp Code)
CPaservice @ CPL vv. youn E-mail address: (to be used for future annual report notification)
e-man address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Interar terkasi CPA at (Yot) 327-9364 (Name of Contact Person) A at (Yot) 327-9364
(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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Artic	cles of Incorporation of	
Be H. Pa	wing Inc.	
(Name of Corporation as turn	rently filed with the Florid	a Dept. of State)
- V 000	mber of Corporation (if kno	<u> </u>
(Document Nu	mber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006. Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	1/1	1
(Principal office address MUST BE A STREET ADDRES	\underline{ss})	
	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	\mathcal{N}	A
	ι,	•
		The state of the s
D. If amending the registered agent and/or registered o	ffice address in Florida, er	nter the name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:	NIA	
	// (//	
	(Flori	da street address)
New Registered Office Address:		
		, Florida
	(Ciţv)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept th	e obligations of the position.
		;

Signature of New Registered Agent, if changing

Page 1 of 4

15 SEP 21 AM 7:

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 <math>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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	VP.	Maria A. Moham	med 2516 chapalo Kissimmer, 34746
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	Professional Programma		

f amending or addi Mach additional she	ets, if necessary).	(Be specific)				
	1					
	- N/A					
					<u></u>	
					-	
			,			
						
			·			
	·					· · · · · · · · · · · · · · · · · · ·
						···
			·····	·····		
			····			
	·					
						<u> </u>
						

	e date of each amendment(s) adoption:	, if other than the
	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sument's effective date on the Department of State's records.	be listed as the
Add	option of Amendment(s) (CHECK ONE)	
Kį	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 6/23/2015	
	Signature (By the chairman 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)	_ -
	Baker A. Mohammad (Typed of printed name of person signing)	
	Title of person signing)	