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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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DIVISION OF CORPORATIONS

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number :

Phone

072450003255

(305) 634-3694

(305) 633-9696

Fax Number

BASIC AMENDMENT

BMI PREFERRED FINANCIAL SERVICES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$43.75 |

105-22-2002

# H02000 170049



### AMENDMENT TO ARTICLES OF INCORPORATION OF

#### BMI PREFERRED FINANCIAL SERVICES, INC.

Article I of the Certificate of Incorporation of BMI PREFERRED FINANCIAL SERVICES, INC., a Florida corporation, is hereby amended to read henceforth as follows:

#### ARTICLE I

#### Corporate Name

The name of this corporation shall be:

#### BMI PREFERRED, INC.

I hereby certify that the above amendment to the Certificate of Incorporation of BMI PREFERRED FINANCIAL SERVICES, INC., was approved by the Board of Directors and Stockholders of the corporation at a Joint Meeting of the Board of Directors and Shareholders duly held on the 22<sup>nd</sup> day of <u>July</u>: 2002.

IN WITNESS WHEREOF, the undersigned officers, pursuant to the approval and authority given by the Board of Directors and Stockholders, have set their hands and affixed the corporate seal.

BMI PREFERRED FINANCIAL SERVICES, INC.

BY: Eloy de Armas, President

STATE OF FLORIDA )

) SS.

COUNTY OF DADE)

i HEREBY CERTIFY that this 22"day of July, 2002, personally appeared before me, officers duly authorized to administer oaths and take acknowledge. Eloy de Armas, to me well known and known to me to be the individual(s) described in and who executed the foregoing instrument as President of BMI PREFERRED FINANCIAL SERVICES, INC., a Florida corporation, and acknowledged before me that HE executed such instrument as President of said corporation, and that the seal affixed to said

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instrument is affixed by due and regular corporate authority, and that said instrument is the free act and deed of said corporation, and HE did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Coral Gables, Florida, the day and year above wriften.

NOTARY PUBLIC State of Florida at Large

My Commission Expires:

MARIA T. CASTILLO
MY COMMISSION / CC S04947
EXPIRES: May 18, 2004
Bouncul Time Noting Profes Uncontrollers.

This instrument prepared by:

Rosario P. Duncan, Esq. 1320 S. Dixie Highway Sixth Floor Coral Gables, FL 33146 Fla. Bar No.: 239909

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#### CERTIFICATE AS TO RESOLUTIONS

一一条一个工作。她们也就是谁会就是我的一个时间的

I, Rosario P. Duncan, Secretary of BMI PREFERRED FINANCIAL, SERVICES, INC., being first duly sworn and deposed hereby certify as follows:

At a Joint Meeting of the Shareholders and Board of Directors of the Corporation, duly and regularly held in accordance with the Corporation's Bylaws on JULY 22, 2002, at which a quorum as prescribed by law and the by-laws of the Corporation was present and voting throughout, the following recitals and resolutions were unanimously adopted and the same have not been revoked, cancelled, annulled or amended in any manner and are in full force and effect on the date of this Certificate:

RESOLVED, to amend Article I of the Certificate of Incorporation to read as follows:

ARTICLE I

: The name of this corporation shall be:

BMI PREFERRED, INC.

FURTHER RESOLVED, that the Shareholder and the Board of Directors hereby empower the officers of the Company to do all necessary acts and execute all necessary documents required to implement the above resolutions.

IN WITNESS WHEREOF, this Certificate has been signed and the seal of the Corporation has been affixed bersto this 22 day of JULY, 2002.

POPARIO P. DUNCA

Secretary

(SEAL)

SWORN TO and SUBSCRIBED before me this ZZva day of JULY, 2002, by ROSARIO P. DUNCAN, who is personally known to me or who produced n/a as identification, at Miama, Dade County, Florida.

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:

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