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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number: 076624003440

Phone

: (305)444-6226

Fax Number

: (305)442-4829

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **BMC MOTEL CORPORATION**

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Tallahassee, PL 32301

COVER LETTER

Division of Corporation	ons					
NAME OF CORPORAT	ION: BMC M	OTEL CORPOR	ATION			
DOCUMENT NUMBER	D04000	068214				
The enclosed Articles of A	mendment and fee are su	bmitted for filing,				
Please return all correspon	dence concerning this ma	tter to the following:				
		LAURA KOHN	N			
		Name of Contact Person	1			
ARAZOZA & FERNANDEZ-FRAGA P.A.						
	Firm/ Company					
 .	2100 SALZEDO STREET, SUITE 300					
		Address	00494			
	CORA	AL GABLES, FL	33134			
		City/ State and Zip Code	2			
	LAU	RA@ARAZOZA	.COM			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information cor	ncerning this matter, pleas	se call:				
LAURA KOHN		at (305	, 444-6226 x 233			
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	■\$43.75 Filling Fee & Certificate of Status	☐\$43.75 Filing Pee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing	Address	Street	Address			
Amenda	nent Section	Amend	ment Section			
	of Corporations	Division of Corporations				
. P.O. Box	x 6327 sec, FL 32314	•	Building			
1 # (1 # 11 # 2	200; I L J 22 1 T	2001 1	STREET ARTICLE ATTACA			

3054424829

Articles of Amendment

Articles of Incorporation

a f		
BMC MOTEL CO	RPORATION	
(Name of Corporation as corrently filed with the Flor	rida Dept. of State)	<u></u>
P0100006	38214 · · · · · · · · · · · · · · · · · · ·	
(Document Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	orida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
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 "P.,	". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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:	is in Florida, enter the name of the	APA TO THE PROPERTY OF THE PRO
Name of New Registered Agent		
(Florida street	t address)	- 11.147 - 11.147
New Registered Office Address: (City)	, Florida (Zip Code)	- 5 36
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	

Signature of New Registered 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.

X Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>जाट</u>	
<u>X</u> Add	<u> </u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name.	<u>Addres</u> s
1) Change	VP	· 	MIRIAM G. ABIN	4445 SW 8TH STREET
Add				MIAMI, FL 33134
Remove				
2) Change		_		
∧dd				
Remove				
3) Change				
Add				
Remove				
4) Change	·			
Add				
Remove				
5) Change				
Add				
Remove				
の Change				
Add				
Remove				

Attach odd.	itional sheets	i, if necessary).	icies, enter chan (Be specific)			
		_ _				
		· · · · · · · · · · · · · · · · · · ·				
						
						
			_			
						
						
	 -					
lf an amen	dment prov	ides for an exc	hange, reelassifi	cation, or cance	ellation of issued	shares,
provision	s for implem	indicate N/A)	endment if not c	ontained in the	amenoment lest	<u>ar:</u>
(i) no	: иррпсиот,	maicate IVA)				
			············			
						<u></u> "
				···		

The date of each amendment	(s) adoption: APRIL 10, 2014	, if other than the
date this document was signed		
Effective date if applicable:	APRIL 10, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/well by the shareholders was/well	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
hy	(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/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated APF	RIL 10, 2014	
Signature_	Lanix Africa	
	y a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	RAMON ABIN	
	(Typed or printed name of person signing)	
	PRESIDENT/SECRETARY/DIRECTOR	
	(Title of person signing)	