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Amend

JAN 0 6 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OVEN FRANCIS
Name of Contact Person 2 Sw 157p) MIDMI, FI, 33193
City/ State and Zip Code For further information concerning this matter, please call: 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 Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation

of	
Best dolla	ar Buy: Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
Ω O ²	0000 72793
(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 following 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 "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6122 SW 15701
	MIAMI, FI, 38193
C. Enter new mailing address, if applicable:	6122 512 157 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	6122 SW 15721 MIAMI, FG 33193
	MIAIN, PG 3319 5
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent TOVEN	TRANCIS
6122 50	U 157pl
(Florida stre	•
New Registered Office Address:	$\frac{1}{(\text{City})}, \text{Florida} = \frac{F1 \cdot 3319}{(\text{Zip Code})}$
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 position.
$\mathcal{A}_{\mathcal{A}^{\circ}}$	
Signature of New Ro	egistered Agent, if changing
	-0 [1]

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.

Example:	s, unu sui	ny omun, i	or us un Auu.		
X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	P	_	Jimmy	FRANCIS	31835W237ER MIAMI, FL, 33145
Add			•		MIAMI, PL, 33145
Remove	\bigcirc				
2) Change	1		Joven 7	FRANCUS	61225W 157p1
Add Add					MIAMI, 1,33113
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Kr / A	
N/-/ ⁻	
/	
	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	• • • • • • • • • • • • • • • • • • • •
•	

The date of each amendment(s) adoption:	N/A	O(1/(2))/(1), if other than the
date this document was signed.		7 7
Effective date if applicable:	N/A than 90 days after amendme	01/01/17
(no more	inan 90 aays ajter amename	ni jile uulej
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	s. The number of votes cast	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entite		
"The number of votes cast for the amendment(s) w	as/were sufficient for appro-	val
by		
(voting group)		
☐ The amendment(s) was/were adopted by the board of dir action was not required.	rectors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	rs without shareholder action	and shareholder
DatedO	2017	
Signature		
(By a director, president or other		
selected, by an incorporator – i appointed fiduciary by that fidu		trustee, or other court
.,,,,,,,.,,,.,,,.,,,,,,,,,,,,,,,,		
(Typed or pi	TY TRAN	<u>CLS</u>
4	PRESIDENT	\overline{T}
	(Title of person signing)	