## P0300097483

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SECRETARY OF STATE

JUL 1 2 2016

**C** LEWIS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	on: BIIN BODG	i Business di	niutronu, Ino.
DOCUMENT NUMBER:	•		
The enclosed Articles of An			
Please return all correspond	ence concerning this matt	er to the following:	
	Melanie	(1UE TO)  Name of Contact Person	
_A:	merican Car		
l	2171 SW 24	oBth Ut.	
<u>_t</u>	romeutead, F	Address  L 33032  City/ State and Zip Code	
		AMCYI (ANCIYE ed for future annual report	
For further information con	cerning this matter, please	e call:	
Melanie gi Name of Co	JEHON	at ( <u>305</u>	278-()200  de & Daytime Telephone Number
Enclosed is a check for the			•
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BILLY BOBU BUUINEJU SOLUTIONU, INC.

\_ 2016 JUL -7 AH 11: 15

	tly filed with the Florida Dept. of State)
<u>P03</u> 000 <u>0</u> 97483	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
new registered agent and/or the new registered office addre	<u>22:</u>
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agel I hereby accept the appointment as registered agent. I am familia	nt:
r novely weeept the appointment as registered agent. I am juntitu	with 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>\( \)  </u>	Ursula harcia	12171 JW 268 MSt
Add			Homentead, FL
Remove			33032
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional :	ding additional Artic sheets, if necessary).	(Be specific)	•		
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f an amendment	provides for an exch	ange, reclassifica	at <u>io</u> n, or cancella	tion of issued sh	ares,
provisions for in	plementing the amer	idment if not co	ntained in the am	endment itself:	<del></del>
	able, indicate N/A)				
N/A					
•			-		
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,					

The date of each amendment(s) adoption: 5/18/2010		other than the
date this document was signed.	SECRETARY DIVISION OF CO	OF STATE
Effective date if applicable: 5/18/2014  (no more than 90 days after amendment file date)	-2016 JUL -7	
(no more than 90 days after amendment file date)	Z010 JOL - 1	AM 11: 15
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, adocument's effective date on the Department of State's records.	this date will not be	e listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der	
Dated 04 28 2010		
Signature Ursula N Harcia		
(By a director, president or other officer - if directors or officers have no		
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court	
(Typed or printed name of person signing)		<u>_</u>
President		
(Title of person signing)		<del></del> -