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SECRETARY SAME

R. WHITE MAY 1 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bevinco Treasure	Coast Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
•	Allan K Ricketts Jr		
		Name of Contact Person	1
	Bevinco Treasure Coast Inc.		
		Firm/ Company	
	5604 Country Club Pkwy	,,,,,,,,,,,	
	Address		
	Fort Pierce/ FL 34951		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
snool	kwhaler@gmail.com		
	<u> </u>	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		216-7139
Name	of Contact Person	Area Co) 216-7139 de & Daytime Telephone Number
Enclosed is a check to	r the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 18 HAY 17 PH 2: 56

SECRETARY OF STATE TAKE ABASS F FLORIDA

Bevinco Treasure Coast Inc.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P05000124050	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AJROX Inc.	The new
name must be distinguishable and contain the word "corporat. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
2. F-4	N/A
3. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS]	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the (88):
N/A	_
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: N/A	, Florida
•	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registered Ager	
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of None	Revisiered 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3) Change Add			<u> </u>
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			<u> </u>
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A		
·		
		
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
N/A		

•	4/20/2018	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	20,020,03	
4/. Effective date <u>if applicable</u> :	20/2018	
siective date il applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statemer or each voting group entitled to vote separately on the amendment(s):	11
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
5/11/201	8	
Dated		
Signature	LKUU Y	
selec	director, president or other officer—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Allan K Ricketts Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u>.</u>