P06000119423

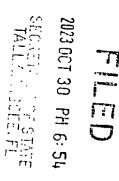
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COVER LETTER

TO: Amendment Section

Division of Corporations

BBN ENTERPRISESINC NAME OF CORPORATION: DOCUMENT NUMBER: \$\int 06000/19423 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BBN ENTERPRISES INC

Firm/ Company

G40 Coco Plum WAY

Address

Plantation FL 33324

City/ State and Zip Code mdv pree@ SterLian.com
E-mail address! (to be used for future annual report notification) For further information concerning this matter, please call: Miles DuPree at (964) 383 - 5502 Area Code & Daytime Telephone Number 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 Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILED

BBN ENTERPRISES INC (Name of Corporation as currently filed with the Florida Dept 30f State) P06000119423 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: STERLIAN INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

A A A A COLOR OF A DESCRIPTION OF A SECOND STATE	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
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-	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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)

Example:

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 Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Remove				
2) Change		<u> </u>		
Add				·
Remove 3) Remove		_		
Add				
Remove				
4) Change		_		
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Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

he date of each amendment(s) ado	ption:	, if other than th
ate this document was signed.	ı	
ffective date if applicable:	10/17/2023	
	i0/17/2023 (no more than 90 days after amendment fil	le date)
lote: If the date inserted in this blococument's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for cient for approval.	the amendment(s)
must be separately provided for ea	ved by the shareholders through voting groups. The fact voting group entitled to vote separately on the ame	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
Dated / 0/	17/2023	
Dated 101	77 20 20	
<u>C</u>	mily & D. Agai	
Signature	etor, president or other officer – if directors or officers	s have not been
	by an incorporator – if in the hands of a receiver, trust	
	fiduciary by that fiduciary)	oct of other court
11	- 1	
	MILES E. DUPREE	
_	(Typed or printed name of person signing)	
	CEO	
_	(Title of person signing)	