PU6000141535

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BB Property Service	es, Inc.	
	BER: P06000141535		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Lodoiska Garcia		
		Name of Contact Person	
	BB Property Services, Inc		
		Firm/ Company	
	12171 SW 268TH Street,		
	<u> </u>	Address	
	Homestead, FL 33032		
		City/ State and Zip Code	
	Igarcia@americancare.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
Lodoiska Garcia		at (278-0200 ext.#1017
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BB Property Services, Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P06000141535	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Rentad Property Services, Inc	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
	N/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)	N/A
maning marcis <u>and high two types to the types</u>	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent N/A	
tFlorida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
Thereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing
Check if applicable	

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

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: <u>X</u> Change	<u>PT</u>	John Do	<u>મ</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		 -		
Add				
Remove				
6) Change				
Add	-	_		
Remove				
ivenio.				

	icles, enter change(s) here: (Be specific)
·	
	
lf an amend <u>ment provides for an exc</u> l	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
provisions for implementing the ame	Hame II have contained in the amendment to the
provisions for implementing the ame (if not applicable, indicate N/A)	The state of the s
provisions for implementing the ame	The state of the s
provisions for implementing the ame	

•.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an fficient for approval.	nendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followie each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	29/01/2022 J4-Jmp	
(By a d selecte	fector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or	not been other court
appoin'	ed fiduciary by that fiduciary) FOSE E-Cources	
	(Typed or printed name of person signing)	-
	fresident	
	(Title of person signing)	