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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:B.F. BROTHER	RS, INC.					
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are	submitted for filing	<u>.</u>				
Please return all correspondence concerning this	matter to the follow	ing:				
	(Name of Con	tact Person)) 			
ROXANA MIRABAL. PA						
	(Firm/ Co	mpany)				
3650 NW 82 AVENUE, SUITE 505						
	(Addr	ess)				
DORAL, FLORIDA 33166						
	(City/ State an	d Zip Code:)		1202 Si	_
ROXANA@ROXANAMIRABALPA.COM					SECRETAR)	e se gran
E-mail address: (to be	used for future ann	ual report no	otification	1)		, ser.
For further information concerning this matter, p	lease call;				- 20 P	.,
ROXANA MIRABAL		305 at		593-2011		; 1
(Name of Contact Pe	erson)		a Code)	(Daytime Tel	ephone Numbe	} r)
Enclosed is a check for the following amount ma-	de payable to the Fl	orida Depar	tment of	State:		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta	tus □S43.75 Filin Certified Co (Additional e enclosed)	рy	Certifi Certifi) Filing Fee cate of Status led Copy lional Copy is lised)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street A Amendn Division The Cer	nent Secti of Corpu			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Cor	poration as currently	filed with the Florida Dep	t. of State)		-
(1	Document Number of (Corporation (if known)			
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this Fi	orida Profit Corporation ac	lopts the followir	ng amiene	dment(s)
A. If amending name, enter the new name of	the corporation:				
					
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co". A	mpany," or "incorporated" professional corporation n	or the abbreviation	_The i on "Corp in the w	n "
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET					_
					_
					_
C. Enter new mailing address, if applicable:	r nov				
(Mailing address MAY BE A POST OFFIC	<u>E BUX</u>)				_
			•		
					_
D. If amending the registered agent and/or re	gistered office addres	s in Florida, enter the nan	ie of the		
new registered agent and/or the new regist	tered office address:				
Name of New Registered Agent	<u> </u>				
			Ç.	20	
·	(Florida street	address)	23	23	27,000
New Registered Office Address:		,	Florida -	¥0	? }
	(C	(tv)	Zip.	_ \S	4
				סיי	1.3
New Registered Agent's Signature, if changing	n Dagistarod Agant:		न्य न्या स्थापन	. <u></u>	(aes .
I hereby accept the appointment as registered ag		and accept the obligations	· ~ ·	-E ⊕	4287
			• • •		
	Signature of New Regi	stered Agent, if changing			

Check if applicable
☐ 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: X. Change X. Remove X. Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	PSD	LUIS A BRAVO PERCHE	8450 NW 56 STREET MIAMI, FL. 33166
× Remove			
2) Change Add	VTD	MARY M FUENMAYOR DE BRAV	8450 NW 56 STREET MIAMI, FL. 33166
x Remove Change	PSD/SE	MARILUZ BRAVO	8450 NW 56 STREET MIAMI, FL 33166
4) Change Add	<u>T</u>	ALEXANDRA P. BRAVO	8450 NW 56 STREET MIAMI, FL. 33166
Remove			
5) Change Add			
Remove			
6) Change Add			2024 NOV
Remove			AFR 50 T
E. If amending or add (attach additional she	ing additional Ar eets, if necessary).	ticles, enter change(s) here: (Be specific)	V 25 PH NAW SE ANAMESE
			THE ST.
			

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provisions for imple	ementing the amen	inge, reclassifi	ication, or can	cellation of iss	ued shares, itself:	SECRETARY OF A STATE O	2024 NOV 25 Pit I: 08

The date of each amendment(s) adoption:date this document was signed.	, if other than the
5/21/7A7	f
(no more than 00 days a	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were suffice	ient for approval
by	
by	
Dated 831 7024 Signature Dus H Brave (By a director, president or other officer – if d	irectors or officers have not been
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Luis A. Bravo (Typed or printed name of	Perch Q
(Typed of printed name of	person signing)
Resident	
(Title of person signing)	

SECRETARY SERVICE