PHODOUTOSI3

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
• _

Office Use Only



100242682361

01/09/13--01001--018 **43.75

OFPARTMENT OF STATE

Cry Maren

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Black Bear Management Inc. DOCUMENT NUMBER: P11000070813
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Hines Name of Contact Person
Firm/ Company 666-2 West Tennessee Street Address Tallaharree FL 32304 City/ State and Zip Code
Address
/allaharree FL SLSO4
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Hines at (864) 508-2924 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassec, FL 32314

Articles of Amendment to Articles of Incorporation of

Black Beac	Monagement	Inc	
(Name of Corporation as current		of State)	
P1100007	0813		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this Florida Profit	t Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	ne corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A profe		he abbreviation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent.	eistered office address in Florid	a, enter the name of the	13 JAN -8 PH 2: 53
Name of New Registered Agent			
	(Florida street address)	<u> </u>	
New Registered Office Address:	(City)	, Florida	 e)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age Signature	Registered Agent: ent. I am familiar with and acce of New Registered Agent, if chan		ion.
oignature.	of their regulered regent, if chair	0110	

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	CEO, D Robert Hines	666-2 West Temessee Street
Add	,	666-2 West Temessee Street Tallahassee, FL 32304
Remove		
2) Change		·
Add		
Remove		
3)Change		
Add		
Remove		
4) Change		
Add	•	
Remove		
5) Change	· .	·
Add		
Remove		
.6) Change		
Add		
Remove	•	
Keinove		

E. If amending or (Attach additional	al sheets, if nec	essary). (Be	specific)				
CEO.	D.	Rober	Hines	has	100%	of	financia
CEO, decisions	for	Black	Bear M	anagema	ent Inc		
					·		
	· · ·						
					<u> </u>		
<u></u>	<u> </u>						
				<u></u>			
						<u></u> _	
<u> </u>							
-							
						_	
		<u>-</u>					
F. <u>If an amendme</u>	nt <u>pr</u> ovides fo	r an exchange.	, reclassificatio	n, <u>or c</u> ance <u>lla</u>	tion of issued s	shares,	
	implementing licable, indicat		nt if not contai	ned in the am	endment itself	<u>:</u>	
		<u></u>					
•							
	,			·····			
			<u> </u>				
	-						

The date of each amendment(s) adoption:
Effective date if applicable: /////
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Robert Hines (Typed or printed name of person signing)
(Typed of printed name of person signing)
CEO, Virector
(Title of person signing)