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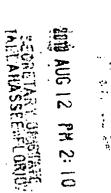
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COVER LETTER

TO: Amendment Section

No 12 PM 2: 10 Division of Corporations NAME OF CORPORATION: BVCC Corp. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynn B. Lewis Name of Contact Person Lynn B. Lewis, P.A. Firm/ Company 501 Brickell Key Drive, Suite 505 Address Miami, FL 33131 City/ State and Zip Code lynnlewis@lblpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 374 - 0148

Area Code & Daytime Telephone Number Lvnn B. Lewis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy 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 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to

Articles of Incorporation

BVCC Corp.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P11000084880	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corpor	ration:
No change -	The new
	orporation," "company," or "incorporated" or the abbreviation inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	No change
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>
_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No change
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.	
No change	CHMUICOS
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ast. S	Virginia Forster	290 NW 165 ST.
Add			STE. M-400
X Remove	-		MIAMI, FL 33169
2) Change	Ast. S	Mary Izrailov	290 NW 165 ST.
X Add			STE. M-400
Remove			MIAMI, FL 33169
3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
No change					
					
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. If an amendment provisions for im	provides for an exchar	<u>ige, reclassification</u> lment if not contain	<u>1, or cancellation</u> ned in the amends	of issued shares, nent itself:	
(if not applica	plementing the amend able, indicate N/A)				
VA				•	
	_ 			·	
	 -				
	·				
	· · · · · · · · · · · · · · · · · · ·				
	•				

	August 5, 2019	
The date of each amendment		if other than the
date this document was signed		
Effective date if applicable:	August 5, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment of sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state and for each voting group entitled to vote separately on the amendment(s):	ement
	cast for the amendment(s) was/were sufficient for approval	
bv ·	(voting group)	
•	(voting group)	
■ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Augu	st 5, 2019	
Dated		
	$Q_0(S_N)$	
Signature	1900 V	
	y a director, president or other officer - if directors or officers have not be	
	elected by an incorporator — if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	ourt
щ	pointed indiciary by that indiciary)	
	Alvaro da Silva	
	(Typed or printed name of person signing)	
	Vice President, Director, Secretary	
	(Title of person signing)	