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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BALL SACVICES INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tsabelle Magia.  Name of Contact Person
BMC SALVICAS INC.
Lo511 Mova Dr. #150 Address
Davie , FL 33317.  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tsabelle Mejia at (501) 255-0902.  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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to . Articles of Incorporation of



Brus Sarvio	CAS Inc.	15 JUL 13 AH 8: CU
(Name of Corporation	as currently filed wit	h the Florida Dept, of State)
PILO	00092568	
(Docume	nt Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration;	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ai	"Inc," or "Co". A p	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the name of the
Name of New Registered Agent	<del></del>	
	(Florida street address	3
V 2 10 10 10 11	(1 20 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
New Registered Office Address:	(City)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ecept the obligations of the position.
Signal	ture 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Ricardo Méjia	6511 Nova Dr #150.
Add		•	David, FL 33317.
Remove			
2) X Change	P	Isabelle mejia.	6511 Nova Dr #150
Add			Davie , PL 33317.
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	·		
Add			<del></del>
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	nge(s) her	2:			
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f an amendment provides for an exch- provisions for implementing the amer	ange, reclassifi Idment if not c	cation, or	cancellation name of the came	n of issued Iment itsel	<u>shares,</u> f:	
(if not applicable, indicate $N/A$ )					<del></del>	
Kicardo majia -	20%	of st	ares_			
Licardo majia - Isabella majia -	80 %	of sl	Vares			
J						<u></u>
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	<del>,</del>	v	<del></del>		<del></del>	

The date of each amendment(s) adoption:	07/02/2015.	,if other than the
date this document was signed.		STORETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable: (no n	more than 90 days after amendment file date)	15 JUL 13 AH 8: CC
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		is date will not be listed as the
Adoption of Amendment(s) (CHECK)	ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approve		ent(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		tement
"The number of votes cast for the amendment	• •	
by		
(voting gr	oup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareh	nolder
selected, by an incorporat appointed fiduciary by the	or other officer – indirectors or officers have not be or – if in the hands of a receiver, trustee, or other at fiduciary)	een
	Sabolle Majia  I or printed name of person signing)	
(1)pcu	()	
	(Title of person signing)	