## P13000003478

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BLACKSTO	ONE MOBILE MER	CHANT, INC
DOCUMENT NUMBER: P13000003	3478	
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this m	natter to the following:	
JOAQUIN FE	RNANDEZ	
	Name of Contact Person	1
BLACKSTON	E MOBILE ME	RCHANT, INC
	Firm/ Company	
11600 NW 34	TH ST	
	Address	
MIAMI, FL 33	178	
	City/ State and Zip Cod	e
: <b>f</b>		
jfernandez@blac		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
To Table Internation concerning this matter, pre	aso tan.	
JOAQUIN FERNANDEZ	305	<u>639-9590</u>
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section		Iment Section
Division of Corporations		on of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

FILED

Articles of Incorporation

to

BLACKSTONE MOB	ILE MERCHAI	NT, INC	TATE
(Italiic of Corporation as	currently filed with the Flo	TALL/ADASSEE. FL	. ORIDA
P13000003478	nt Number of Corporation (if	<b>7b</b>	
(Documer	it Number of Corporation (if )	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adop	its the following amendment(s)
A. If amending name, enter the new na	nme of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation.A."	
B. Enter new principal office address,		N/A	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appli	icable:	NI/A	
(Mailing address <u>MAY BE A POST</u>		N/A	<del></del>
D. If amending the registered agent an		ss in Florida, enter the name	of the
new registered agent and/or the nev	v registered office address:  N/A		
Name of New Registered Agent	14/7		
	(Florida stree	et address)	
V D	N/A	·	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if cl	hanging Degistered Agent.		
I hereby accept the appointment as regist		th and accept the obligations o	f the position.
Sig	gnature of New Registered Ag	ent, 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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	LUIS ARIAS	11600 NW 34TH ST
Add X Remove			MIAMI, FL 33178
2) Change	<u>P</u>	CARLOS ARIAS	11600 NW 34TH ST
X Add			MIAMI, FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			****
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if	necessary). (	es, enter change(s) Be specific)	<u>nere</u> :	
N/A					
-	•				
			·	···	
		***		· <del></del> ·	
If an ar	mendment provide sions for implement	s for an exchar	<u>ige, reclassificatio</u> ment if not contai	<u>n, or cancellation o</u> ned in the amendr	of issued shares, sent itself:
(if	f not applicable, ind	licate N/A)	Month II Mor College	nod in the amondi.	10110 1050111
1/A					
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J/A					
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J/A					

, if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) ☐ 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 (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. <sub>Dated</sub> 9/24/2013 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) LUIS ARIAS (Typed or printed name of person signing) PRESIDENT

(Title of person signing)