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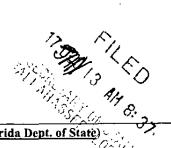
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: B & B ENTERPRI	SES SOLUTIONS CORP		
DOCUMENT NUME	BER: P13000033091			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	ELIO LANTIGUA			
		Name of Contact Person	<u> </u>	
	B & B ENTERPRISES SOLUTIONS CORP			
	Firm/ Company			
	3940 RADIO RD STE 103			
		Address		
	NAPLES FL 34104			
		City/ State and Zip Code	<u> </u>	
eliola	ntigua@gmail.com			
		sed for future annual report	notification)	
	•	•		
For further informatio	n concerning this matter, pleas	se call:		
ELIO LANTIGUA		at (²³⁹	2855488	
Name of Contact Person		Arca Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



B & B ENTERPRISES SOLUTIONS CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P13000033091	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. D. A. C.	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	
N/A	
Name of New Registered Agent	
/Clavida	street address)
	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	v 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)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	ALEXEY RODRIGUEZ	4140 29TH PL SW
X Add			NAPLES FL 34116
Remove			
2) Change	 		_
Add			
Remove			
3) Change		_	
Add			
Remove		•	
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Arti sheets, if necessary).	(Be specific)			
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lf an amendment	provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued share	S.
provisions for in	nplementing the ame	ndment if not con	tained in the amer	ndment itself:	_
province for III	able, indicate N/A)				
(if not applica					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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):	ot.
"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	
(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)	
ELIO LANTIGUA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	