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C. LEWIS AUG 2 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BAMBRFL20. DOCUMENT NUMBER: <u>113000033</u>842 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

of 13 AUG 20 PM 4: 50

(Name of Corporation as currently filed with the Florida Dept. of State) TALL AHASSEE. FLORIDA 00003384 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent street address) Florida New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officer's 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 <math>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> <u>John</u>	Doe	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	President	Mitchell C. Barrett	1485 Livington LN Jackson, MS 39213
2) Add	(00	Robert Durham	1485 Livingston LA Jackson, MS 39213
Remove 3) Change Add Remove	CCO	Charles Stone	1485 Livingston LA Jackson, MS 39213
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) here:</u> (Be specific)	
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A/A		
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(у погаррисавіе, такаїе імя)		
	Λ / Λ	
	-/VA	
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The date of each amendment(s) adoption: $8/19/2013$	FIL	ED
date this document was signed.	IC 20	, if other than the
Effective date if applicable: S/19/2013 SECRE (no more than 90 days after amendment file date) LLAH	TARY	, if other than the PM 4: 50
(no more than 90 days after amenament file date)=1. Aft	ASSEE	OF STATE FLORIDA
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	:(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent	
"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 sharehold action was not required.	der	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated 8/19/2013		
Signature		
(By a director, president or other officer if directors or officers have not beer		
selected, by an incorporator — if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	ırt	
Mitchell C Barrett		
(Typed or printed name of person signing)		
President		
(Title of person signing)		