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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AND AND FILED

OCT 16 2014 A

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BB3 M FASMEETING INC.				
DOCUMENT NUMBER: \$\frac{13000055729}{}\$				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
_	Amorda	Butter		
	_	Name of Contact Person	1	
Tall Castle Consulting Inc				
	_	Firm/ Company		
940 W. Oallond Are Un. +1710				
	Dalyond	M 31787		
		City/ State and Zip Code	2	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amanda	Butter	at (407	,876.6335	
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:				
\$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)	
Mailin	σ Address	Street	Address	

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

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

Articles of Amendment to Articles of Incorporation

of			
(Name of Corporation as currently filed with the Florida De	ent. of State)		
P13000065729	<u>, pri vi giaro</u>		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	'rofit Corporation adopts the following amo	endment(s) to	
A. If amending name, enter the new name of the corporation:			
Tau Castle Consulting, Inc.	The		
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbrevorongersional corporation name must conta	iation in the	
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 Flunew registered agent and/or the new registered office address:	orida, enter the name of the		
Name of New Registered Agent Down Lol J. Box	inetle		
940 W. Oalleno			
(Florida street addres	2,707		
New Registered Office Address: (City)	Florida 34787 (Zip Code)	s ‡	
	LLA	ECR ECR	19. ·
New Registered Agent's Signature, if changing Registered Agent:		1-6 1-6	
I hereby accept the appointment as registered agent. I am familiar with and a	iccept the obligations of the position.		
Signature of New Registered Agent, if o	changing	9. C	٠,

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	<u>Ryan Blaida</u>	940 W. Oaluanol Are Unit A10 Caluand F1 34787
2) Change Add Remove	7	Dunalott. Bonnett	940 W. Dallond Are Und AID Caluenal F134787
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	sheets, if necessary).	(Be specific)			
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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)	, if other than 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):	
"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 $9/23/14$	
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)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing) Pesi deut (Title of person signing)	