P13000081678

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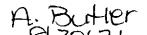
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:BHML US	SA 3 INC		
DOCUMENT NUN	4BER:P130000	81678		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corn	respondence concerning this ma	tter to the following:		
	APRIL PEACH CONDRON			
		Name of Contact Person	1	
	CAPE COD MGMT SVC INC			
		Firm/ Company		
	314 NE 27TH ST			
		Address		
	WILTON MANORS FL 33	3334-2020		
		City/ State and Zip Cod	e	
	APRILPEACH1@AOL.COM	.f		
	-	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea-	se call:		
APRIL PEACH CONDRON		954	630-8300	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BHML USA 3 INC

2021 AUG -9 PH 4: 15

		filed with the Florida Dept. of State) OF STATE
	P13000081678	MALLAHA JŠEE, FL
	(Document Number of	Corporation (if known)
uant to the provisions of section 607.1006 rticles of Incorporation:	, Florida Statutes, this F	Iorida Profit Corporation adopts the following amendme
f amending name, enter the new name	of the corporation:	
		The new
	" "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
nter new principal office address, if apacipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicabl Mailing address <u>MAY BE A POST OFF</u>		
<u> </u>	<u> 105 50.11</u>)	
f amending the registered agent and/or new registered agent and/or the new reg		ess in Florida, enter the name of the
	istered office address:	
Name of New Registered Agent		
_	(Florida stre	at address.
	(rioriaa sire	
		, Florida
New Registered Office Address:		City) (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ALAM BHUIYAN	616 6TH LANE
X Add		· · · · · · · · · · · · · · · · · · ·	PALM BEACH GARDENS
Remove			FL 33418
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			-
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	4-18/
· - · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
% OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN
6 OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN
% OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN
% OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN
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% OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN
% OF SHARES AT NO PAR VALUE A	RE TRANSFERRED FROM DELWAR KHAN TO ALAM BHUIYAN

The date of each amendment(s) ad	AUGUST 2, 2021	
late this document was signed.	prion.	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators, or board of directors wit	nout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cas ficient for approval.	t for the amendment(s)
must he separately provided for e	oved by the shareholders through voting groups. ach voting group entitled to vote separately on the	e amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for appro-	val
by		 ."
	(voting group)	
AUGUS Dated	T 2 2021	
Signature Well	en Robin John	
selected.	ector, president or other officer - if directors or of by an incorporator - if in the hands of a receiver, d fiduciary by that fiduciary)	acers have not been trustee, or other court
ı	DELWAR KHAN	
-	(Typed or printed name of person signing	g)
F	RESIDENT	

(Title of person signing)

• • • • • • • • • • • •