## P14000034491

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SECRETARY OF STATE TALLAHASSEE, FL



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: BH RETAILING	INC			
DOCUMENT NUM	BER: P14000024891				
The enclosed Articles	s of Amendment and fee are st	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	MIRTA AZAR				
		Name of Contact Perso	m		
	MIRTA AZAR INC				
		Firm/ Company		<del></del>	
	<del></del>				
		City/ State and Zip Cod	le		
	MAZAR1209@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	t notification)	TAR	
For further informatic	on concerning this matter, plea	se call:		SECRETARY OF STATE SECRETARY OF STATE	
MIRTA AZAR		954 at (	239-8800	OF SEE	
Name of Contact Person		Area Co	ode & Daytime Telephone Nur	nber TA 2	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State;	, <u>w</u>	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am	iling Address endment Section ision of Corporations	Ameno	Address Iment Section on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment** to Articles of Incorporation of

BH RETAILING INC	
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P14000024891	
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
	'corporation," "company," or "incorporated" or the abbreviation "Corp.," e," or "Co". A professional corporation name must contain the word previation "P.A."
B. Enter new principal office address, if applicab	
(Principal office address <u>MUST BE A STREET AD</u>	DDRESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	(OX)
To the second se	d office address:
new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	AAA 2
	ASSE L
<del></del>	(Florida street address)
Maria Province of Other College	FIORIDA FAT
New Registered Office Address:	(City) , r londa (Zip Code) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	e <mark>gistered Agent:</mark> —I am familiar with and accept the obligations of the position.
Cim	nature of New Registered Agent, if changing
Sigi.	паште ој њем кодмогоа муст, у спануту
Check if applicable	

 $\square$  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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

Example: X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	LIRAN BRACHA	3058 Teal Beach Street	
X Add			Las Vegas NV 89117	
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change				
Add			<del></del>	
Remove			SECR 4	
4) Change			ARET 2	
Add			AASST T	
Remove			Ho v	
5) Change			FL 21	
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
	<del></del>
	<del></del>
	<u> </u>
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	产品 生
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	AF 2
provisions for implementing the amendment if not contained in the amendment itself:	SECRETARY OF STALLAHASSEE, F
(if not applicable, indicate N/A)	EE S
	<u></u>
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	<del>_</del>
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:  too more than 90 days after an	
tno more than 90 days after ar	nendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of verby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting graust be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	• •
by	
(voting group)	
June 12, 2024 Dated	
SignatureSimanan	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Oshri Azran	
(Typed or printed name of persor	ı signing)
PRESIDENT	2024 & SECH TAL
(Title of person signing)	FILED  RETARY OF STATE  LLAHASSEE, FL