Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000120594 3)))



H1400012059434BC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rma11	Address:			

OR AMND/RESTATE/CORRECT OR O/D RESIGN

BLLJ, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

3054410024

ALV/FING/DELG

PAGE 02/86

H14000120594

- Articles o	of Amendment.
Arricles of	Incorporation
DH	of J. INIO
Name of Corporation as currently filed with the	J, INC.
and the second s	00030904
(Document Number of Corporation	
rursuant to the provisions of section 607,1006, Florida Statutes, t is Articles of Incorporation:	his Floridit Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	L
came must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or C2.," or the designation "Corp.," "Inc," over the designation or the abbreviation of the abbreviation.	or "Co". A professional corporation name must contain the on "PA."
l. Enter new principal office address, if applicable:	7290 N.W. 7TH STREET
Principal office address MUST BE A STREET ADDRESS)	UNIT 105
	MIAMI, FL 33126
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)	7290 N.W. 7TH STREET
•	UNIT 105
	MIAMI, FL 33126
D. If amending the registered agent und/or registered office a new registered agent and/or the new registered office add	address in Florida, enjer the name of the ress:
Name of New Registered Avent	
{\tilde{\tilde{V}}\text{forid}}	a street address)
Now Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the apprintment as registered agent. I am famil	<u>rent:</u> far with and accept the whligations of the position.
	and the second s
Signature of New Register	rea Agent, 13 changing

Page 1 of 4

PAGE 03/06

H14000120594

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 office director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary: D = Director; TR = Trustec; 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	PI	John D	₹	·
X Remove	ሂ	Mike J	Ones	
X Add	SY	Sally S	<u>mith</u>	
Type of Action (Check Ons)	Title		Name	Address
1) Change	D/P	_	LESMY JACOMINO CUELLAR	7290 N.W. 7 STREET
Add	•			UNIT 105
Remove			· .	MIAMI, FL 33126
2) Change	S/T		LESMY JACOMINO CLIELLAR	7290 N.W. 7 STREET
Add		_	·	UNIT 105
Remove				MIAMI, FL 33126
3) Change				
Add		<u> </u>		
Remove	•		,	
4) Change		-		
Add			·	
Remove			•	
5) Change				
L Add				
Remove				
o Change				
Add				
Remove	•			

04/01/2032 05:18

05/21/2014 11:58 3054410024

ALV/FING/DELG

PAGE 04/06

H14000120594

Attach addition	edding additional Artic pal sheets, if necessary).	(Be specific)		•
•				•
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				
				.
	•	•		_
			<u> </u>	
				
	•			
·				
	· ·			
·				<u>-</u>
				•
				
		•		•
an amendus	ent provides for an excha implementing the amou	nge_reclussification	or cancellation of	uitled sources.
(if not an	lical·le, Indicate N/A)	timent if took courses	en in ina vineratue	, <u>, , , , , , , , , , , , , , , , , , </u>
	MINO CUELLAR 1	00% SHARES		
IVIT JACK	WINO COLLEGIVI			
	 _ _			
		,		
			-	
			•	
	· · · · · · · · · · · · · · · · · · ·		··	112
				31/0

04/01/2032 05:18 05/21/2014 11:58 3054410024

ALV/FING/DELG

PAGE 05/05

H14000120594

The date of each am-adment(s) addate this document was signed.	opfion:	if other than the
Effective date if applicable:		
	(No more than 90 days after amondment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholder: was/were suff	sted by the shareholders. The number of votes can for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the inmendment(s):	
The number of votes cast fo	or the amendment(s) was/were sufficient for approved	
by	\$9	
· ·	(voting group)	
The amendment(s) vers/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
	ted by the incorporators without sharebolder action and shareholder	
action was not required.	11/14	
	7	
selected,	ector, prosident or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
•	LESMY JACOMINO CUELLAR	•
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	