## P14000053564

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## COVER LETTER

**?O:** Amendment Section

Division of Corporations

NAME OF CORPORATION: BCWD2 INC. DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oscar Cardozo Name of Contact Person BCWD2 INC. Firm/ Company 9360 Lake Serena Dr. Address Boca Raton, FL 33496 City/ State and Zip Code oscar@bcwdinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 ) 756-1057

Area Code & Daytime Telephone Number Oscar Cardozo Name of Contact Person 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 Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

BCWD2 INC.

Check if applicable

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

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
P14000053564		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the fol	lowing amendment
A. If amending name, enter the new name of the corporation	o <u>n:</u>	
		The new
name must be distinguishable and contain the word "corporatio 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporation name must o	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		7)12
. Enter new mailing address, if applicable:		. 0.0
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
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<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</li> </ol>		<b>5</b> 3
Name of New Registered Agent		
	11	<del>.</del>
(rior	ida street address)	
New Registered Office Address:	, Florida, Florida	(Zip Code)
	(Ciņ)	(Ziji Code)
ew Registered Agent's Signature, if changing Registered A		***
hereby accept the appointment as registered agent. I am fam	unar with and accept the obligations of the pos-	uion.
Signature of N	New Registered Agent, if changing	<del></del>

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iddress of each Officer and/or Director being added:

'Attach additional sheets, if necessary)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Jaclyn Frank	9360 Lake Serena Dr.
X Add			Boca Raton, FL 33496
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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n amendment i	orovides for an excha	inge, reclassificatio	on, or cancellati	ion of issued sha	res.	
ovisions for im	provides for an exchaplementing the amen	dment if not conta	ined in the ame	endment itself:	<del></del>	
(if not applica	ble, indicate N/A)					
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•	8/30/2020	
he date of each amendment(s) adoption	í:	, if other than the
ate this document was signed.		
8/30/2020		
ffective date if applicable:	tuo mana than 00 d	ays after amendment file date)
	(no more man 90 ac	tys after amenament fae auter
ote: If the date inserted in this block do ocument's effective date on the Departmen		e statutory filing requirements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or boa	rd of directors without shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient		imber of votes cast for the amendment(s)
The amendment(s) was/were approved by must be separately provided for each vo	by the shareholders throug oring group entitled to vot	h voting groups. The following statement e separately on the amendment(s):
"The number of votes cast for the		
by	(voting group)	<u> </u>
·	(voting group)	
8/30/2020		
Dated		_
Signature On.	~	
(By a director.	president or other officer	- if directors or officers have not been
selected, by an	incorporator - if in the ha	ands of a receiver, trustee, or other court
appointed fidu	ciary by that fiduciary)	
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<u> </u>	car Cardon	<u>.</u>
	(Typed or printed nan	ne of person signing)
$\Omega$	has is	ne of person signing)
	restoent	
	(Title of person signif	ng)