

(F	Requestor's Name)	
<u>A)</u>	ddress)	
(A	Address)	
(0	City/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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08/22/18--01020--014 **43.75

And

R. WHITE SEP 1 4 2018

2018 SEP 14 PM 1:5

TITO

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: BECKE	rusion, in	<u></u>
DOCUMENT NUMB	ER: <u>P140000</u>	90583	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	IVONE BACKFL FUS L MIAMI	Name of Contact Person Firm/ Company Address City/ State and Zip Code	ENUE FL 33139
For further information	E-mail address: (10 be us concerning this matter, pleas	sed for future annual report	notification)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	at (_)
Name o	f Contact Person	Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made j	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 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)
Amer Divis	ing Address Idment Section Ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301



August 24, 2018

IVONE SARTORI 745 LENOX AVE MIAMI BEACH, FL 33139

SUBJECT: BACKFUSION, INC. Ref. Number: P14000090583

We have received your document for BACKFUSION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 218A00017592

Articles of Amendment

to

FILED

Articles of Incorporation

of	2018 SEP 14 PM 1:51
<u>RPOLFUSIO</u>	P NOC OF STATE
(Name of Corporation as current)	ly filed with the Elorida Dept. of Spate)
<u> </u>	0383
(Document Number of	(Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	745 LENOX QUENUE
	MIAMI BEACH-FL 33139
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	BARTORI
	OX_AUENUE
New Registered Office Address: MISMI & #	(City) , Florida <u>33139</u> (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	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				
2) Change		·. ———	-· · · · · · · · · · · · · · · · · · ·	~ .
Add			 	
Remove				3
3) Change				_
Add				_
Remove				-
4) Change				_
Add		:		_
Remove			· · · · · · · · · · · · · · · · · · ·	_
5) Change				_
Add			 	_
Remove				_
6) Change				_
Add				- →
Remove				

ttach additional sheets, if necessary).	(Be specific)
····	
	<u> </u>
•	
an amandmant provide for an are-	ange, reclassification, or cancellation of issued shares,
an amendment provides for an exch	ndmant if not contained in the amondment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
or amendment provides for an exchange of implementing the amendation of implementing the amendation (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	d as 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	
(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)	
PRESIDENT	
(Title of person signing)	