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COVER LETTER

TO: Amendment Section

Please return all correspondence concerning this matter to the following: Abe Colie Name of Contact Person BB Club Holdings Abe Colie Name of Contact Person BB Club Holdings Firm/ Company 5720 NW M Street Lauderhill FC 3334/3 City/ State and Zip Code E-mail address: (to be used felf-future annual report notification) For further information concerning this matter, please call: Mark Hojec at 954 921-1091 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State Stiling Fee Status Certificate of Status Mailling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI 32314 Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI 32314	Division of Corporations			
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Abe Collic Name of Contact Person BB Club Holdings Firm/ Company 5730 NW M Street Address Lauderhil, FL 333/3 City/ State and Zip Code Tarkecovery Bells outh. net E-mail address: (to be used flyfithure annual report notification) For further information concerning this matter, please call: Marked Person Name of Contact Person Tarkecovery Bells outh. net Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Ciffon Building Ciffon Building	NAME OF CORPORATION: BB Club Holdings INC			
Please return all correspondence concerning this matter to the following: Abe Colic Name of Contact Person BB Club Holdings Firm/ Company 5720 NW M Street Lauderhil, FL 333/3 Eity/ State and Zip Code TaxRecovery & Bellsouth . net E-mail address: (to be used fégfuture annual report notification) For further information concerning this matter, please call: Mark Hajec Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State	DOCUMENT NUMBER: P1900092913			
Abe Colle Name of Contact Person BB Clyh Holdings Firm/ Company 5720 NW II Street Lauderhil, FL 333/3 City/ State and Zip Code Tarkecovery Bellsouth. net E-mail address: (to be used forfuture annual report notification) For further information concerning this matter, please call: Mark Hajec at 954, 921-1041 Name of Contact Person at Area Code & Dayrime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations P.O. Box 6327 Cliffon Building	The enclosed Articles of Amendment and fee are submitted for filing.			
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Street Address Street Address Amendment Section Division of Corporations P.O. Box 6327 City/ Box 237 City/ Building Address Street Address Address City Building Address	Abe Collie Name of Contact Person			
Street Address Street Address Amendment Section Division of Corporations P.O. Box 6327 City/ Box 237 City/ Building Address Street Address Address City Building Address	BB Club Holdings			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Hojec	5720 NW 11th Street			
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Name of Contact Person at (954) 921-1041 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\int \frac{335}{335}\$ Filing Fee \$\int \frac{343.75}{335}\$ Filing Fee \$\int \frac{343.75}{335	TaxRecovers@Bellsouth.net			
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\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy (Status Certified Copy (Additional Copy is enclosed)				
Certificate of Status Certified Copy (Additional copy is certified Copy enclosed) Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations Clifton Building	Enclosed is a check for the following annount made payable to the Florida Department of State:			
Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building	Certificate of Status Certified Copy Certificate of Status (Additional copy is certified Copy enclosed) Certified Copy (Additional Copy			
P.O. Box 6327 Clifton Building	Amendment Section Amendment Section			
	P.O. Box 6327 Clifton Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

000111111	of T	
DD Club Hoding	ntly filed with the Florida Dept. of	State)
Olloporation as cures	O I	State
	(413	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new name of the corporation;		
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation n "P.A."	name must contain the
•	5720 NIW 11	theteat
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5720 NW 11 Lauderhill, 1	7/1001
	Laudern: 11,1	-L 23313
C. Enter new mailing address, if applicable:		three
(Mailing address MAY BE A POST OFFICE BOX)	5 100 NW [])/eet
	Lauderhill, F	7233313
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr		(the
Name of New Registered Agent		
(Florida	street address)	 _
New Registered Office Address:	, Flo (City)	rida (Zip Code)
		(-,,
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ar with and accept the obligations of t	the position.
Signature of Nev	v Registered Agent, if changing	mercuta 1 possa
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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: John Doc X Change PT Mike Jones X Remove V Sally Smith X Add Address Title Type of Action (Check One) Simon Berdugo.
Abe Collie 1) ____ Change Add Remove _ Change Remove 3) ____ Change Add Remove 4) ____ Change __ Add Remove 5) ____ Change __ Add __Remove

6) ____ Change

. Add

Remove

The date of each amendment(s) adoption:
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 listed as the document's effective date on the Department of State's records.
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
(voling 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 7-13-16
Signature
(By a director, president or other officer - il 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)
Simon Berdyan
(Typed or printed name of person signing)
President
(Title of passon signing)