P15000021855

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900270684039

03/19/15--01008--024 **35.00

STATE STATES OF STATES

MAR 1 9 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BD US, INC. DOCUMENT NUMBER: P15000021855 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIM A. HAMED, CPA Name of Contact Person TIM A. HAMED, CPA, P.A. Firm/ Company 15310 AMBERLY DR., STE 250 Address **TAMPA**, FL 33647 City/ State and Zip Code timhamed@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \ (\frac{813}{\text{Area Code \& Daytime Telephone Number}})$ TIM A HAMED 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 Filling 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BD US, INC.		
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
P15000021855		
(Document Number of Corporation (if	(known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
BD FABRIC, INC.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "oword "chartered," "professional association," or the abbreviation "Inc. "In	Co". A professional corporation name mus	abbreviation of contain the 15 HAR 19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH 1:45
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	ess in Florida, enter the name of the	_
(Florida stre New Registered Office Address: N/A	. Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	rith and accept the obligations of the position	ı.

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			 "
Add			
Remove			
4) Change		- <u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if necessary). (Be specific)
/A	
	,
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares.
provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
(i,	not applicable, indicate N/A)
/A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 03/17/201	5	
Signature 🗸 🗸	the h	
(By a direct selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
L	ATIFUL KABIR	
	(Typed or printed name of person signing)	
Pl	RESIDENT	
	(Title of person signing)	