## P150000022157

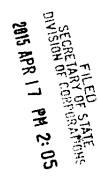
(Re	equestor's Name)		
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Anund 10 4.20.15

## **COVER LETTER**

TO: Amendment Sec Division of Corp				
NAME OF CORPORATION: BNG appliance repair Inc				
	BER: P150000225			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	Please return all correspondence concerning this matter to the following:			
	Brian Greene			
		Name of Contact Person	1	
	<b>BNG</b> appliance	repair inc		
		Firm/ Company		
3	641 nw 2nd st #	<b>‡</b> 5		
	Miami fl 33128			
	141141111111111111111111111111111111111	City/ State and Zin Code	<u> </u>	
		City/ State and Zip Code	e	
Mı	rgreeneb@gmail			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Brian Gree	ne	at (	, 5189035	
Name	of Contact Person	Area Code & Daytime Telephone Num		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



BNG appliance repair, inc.

(Name of Corporation as o	urrently filed with the Flo	rida Dent. of State)		
P15000022157		, tan popular state,		
	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following amendme	nt(s) to
A. If amending name, enter the new nan	ne of the corporation:			
N/a	_		The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional corporati	ited" or the abbreviation	}
B. Enter new principal office address, if (Principal office address MUST BE A ST	applicable:	N/a		
C. Enter new mailing address, if applications	able:	 N/a		
(Mailing address <u>MAY BE A POST O</u>				
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name	of the	
Name of New Registered Agent	 N/a			
<del>-</del>	(Florida stree	address)		
New Registered Office Address:	V/a	, Florida	<del></del>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register			of the position.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	Brian Greene	641 nw 2nd st #5
Add			Miami fl 33128
Remove			
2) Change	N/a		
Add			
Remove			
3) Change	N/a		
Add			
Remove			
4) Change	N/a		
Add			
Remove			
5) Change	N/a		
Add			***
Remove			
6) Change	N/a		
Add			
Remove		•	

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:
N/a	(be specific)
N/d	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/a	
-	

The date of each amendment	(s) adoption: <u>3/14/2015</u>	, if other than the
date this document was signed.	•	
Effective date if applicable:	3/13/2015	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
<sub>by</sub> <u>N/a</u>	,"	
, <u> </u>	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_3/11	/2015	
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Brian Greene	
	(Typed or printed name of person signing)	<del></del>
	Incorporator	
	(Title of person signing)	