## P15000034223

(Re	questor's Name)				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BUSINESS ASS	ISTANCE INC				
DOCUMENT NUMBI	D15000024222					
The enclosed Articles of	f Amendment and fee are so	abmitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
		SANTE VINCENZI				
_		Name of Contact Person	n			
	BUSINESS ASSISTANCE INC					
_		Firm/ Company				
	13499	BISCAYNE BLVD, STE	rs-1			
_	Address					
	NORTH MIAMI, FL 33181					
· -		City/ State and Zip Cod	e ,			
		thebusinessassistance@gm	ail.com			
	E-mail address: (to be u	sed for future annual report	notification)			
For further information of	concerning this matter, pleas	se call:	•			
SANTE VINCENZI		at (	342-1242			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment 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)			
Mailing Address Amendment Section		Amend	Address ment Section			
	on of Corporations lox 6327		n of Corporations Building			
	assee FL 32314		vecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## BUSINESS ASSISTANCE INC

υψ	DIVICION COMPILE	E INC			
(Name of Corporation	as currently filed wit	th the Florida Dept. of Stat	<u>e</u> )		
	P15000034223				
(Documen	t Number of Corporat	ion (if known)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Pi</i>	rofit Corporation adopts the	following	amendm	nent(s) t
A. If amending name, enter the new name of the corp	oration:				
			;	The ne	w
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the above	"Inc," or "Co". A p				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)				
C. Enter new mailing address, if applicable:			D'y	261	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<del>- [2]</del> -	1APR	1
			SSE	=	
			THE STATE OF THE S	至	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		rida, enter the name of the	100 ST	至 9: 5%	
Name of New Registered Agent			A PA	52	
iname of New Negative angen					
	(Florida street address	)			
New Registered Office Address:		, Florida	·		
•	(City)		(Zip Co	ide)	
New Registered Agent's Signature, if changing Regist					
I hereby accept the appointment as registered agent. I a	m familiar with and a	ccept the obligations of the p	osition.		
,	ura of Navy Pagistared	4			
Signati	ira ot Naw Rogistorad	AGONT IT 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.

Example: X Change	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	sŤ		DANIELA SIMONI	555 NE 15TH ST. APT 34E
X Add				MIAMI, FL 33132
Remove		•		
2) Change	- <del></del>	<del></del>		
Add				,
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del>_</del> -		
Add				
Remove				
6) Change	<del></del>	_		
Add				
Remove				

ttach additional sheets, if necessary,	). (Be specific)		
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
	·		
an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained	or cancellation of issued sh I in the amendment itself:	ares,
			•

Fbe date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 locument's effective date on the Department of State's records.	ll not be listed 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)	
(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.	
01/04/2017	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not been	
(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)	
SANTE VINCENZI	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)