P15000075290

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEEM INC		
DOCUMENT NUM	BER: P15000075290		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	NEAL MCSPADDEN		
		Name of Contact Person	1
	GLOBAL TAX SERVICES,	INC.	
		Firm/ Company	
	8177 GLADES RD STE 216	• •	
	- API	Address	
	BOCA RATON, FL 33434		
		City/ State and Zip Cod	e
MAR	.K@GLOBALTAXINC.COM	Ī	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
NEAL MCSPADDE	N	at (483-1703
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	er the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, 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

BEEM INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000075290	·
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	oration:
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation
	"Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	ngg)
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
	8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·
(Mutting uturess MAT BLATOST OFFICE BOX	O E G
	en co
D. If amending the registered agent and/or registere	office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	,
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Office Address.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New Registered Agent's Signature, if changing Regis	ered Agent
	im familiar with and accept the obligations of the position.
	ure 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.

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>	<u>Name</u>	Address	
1) Change	P	SHAFFER, HAROLD	11781 ST ANDREWS PL STE 102	
Add			WELLINGTON, FL 33414	
X Remove				
2) Change	P	SHAFFER, ELEANOR	11781 ST ANDREWS PL STE 102	
XAdd		•	WELLINGTON, FL 33414	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach	ding or adding additiona additional sheets, if necess	ary). (Be specifi	c) ·			
	47.000					
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					· - ·- ·······	
provis	nendment provides for an ions for implementing the not applicable, indicate No	amendment if no	sification, or cane of contained in the	ellation of issued amendment itself	shares, f:	
.						
						

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendm afficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholde	r
OCTOBEI Dated Signature	29, 2015 Multiple of the control of	
selecte	lirector, president or officer – if directors or officers have not be d, by an incorporator if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	een court
	HAROLD SHAFFER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	11 + 14 - 14 - 14 - 14 - 14 - 14 - 14 -