P1500079220

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: BBN RETAIL INC	C			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	MIRTA AZAR				
	Name of Contact Person				
	MIRTA AZAR INC				
		Firm/ Company			
	4060 N HILLS DR, APT 27				
	Address				
	HOLLYWOOD, FL 33021				
		City/ State and Zip Code	2		
MAZ	AR1209@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MIRTA AZAR		954 at (239-8800		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment 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 Division of Corporations P.O. Box 6327 Tallabasses, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building yearting Conter Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BBN RETAIL INC	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P15000079220	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>1:</u>
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	20
	
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	dress:
Name of New Registered Agent	
(Florid	da street address)
Name Descriptional Office, Address	Dia 11.
New Registered Office Address:	, Florida (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.

Signature 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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Ben-Iulu, Avishay	601 NE 23rd St, Apt 1206
Add			Miami FL 33137
X Remove			
2) Change	VP	Aflalo, Meir	19380 Collins Ave, apt 716
Add			Sunny isles FL 33160
X Remove			
3) Change	VP	Amoyal, Oz	4936 SW 32nd Way
Add			Fort Lauderdale, FL 33312
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
-	
-	
'. <u>If ai</u> pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, by issued shares amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
_	
_	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
OCT 24	2018	
Dated		
Signature	a director, president or other officer – if directors or officers have not been	
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other cour sinted fiduciary by that fiduciary)	t
	Noni Beth-Halevi	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	