P15000098550

(Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: B and S Belle Glad	de, Inc	
DOCUMENT NUMB	BER: P15000098550		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	William S Poole		
•		Name of Contact Person	n
	B and S Belle Glade, Inc		
•		Firm/ Company	The state of the s
	136 S Main Street		
•	· · · · · · · · · · · · · · · · · · ·	Address	- 177.5 · · · · · · · · · · · · · · · · · · ·
	Belle Glade, Fl 33430		
•		City/ State and Zip Cod	e
boool	c001@yahoo.com		
<u> </u>	•	sed for future annual report	notification)
	(00 4	To raint amai, roport	notification)
For further information	concerning this matter, pleas	se call:	
William S Poole		at (⁵⁶¹	261-3924
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation of

B and S Belle Glade, Inc			:			
(Name of C	orporation as currer	ntly filed with the Flor	ida Dept. of State)			
P15000098550						
	(Document Number	of Corporation (if know	wn)			_
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, the	is <i>Florida Profit Corpo</i>	pration adopts the follo	wing amend	iment(s)	to
A. If amending name, enter the new name	of the corporation:					
N/A				The I	Menu	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professiona n "P.A."	"incorporated" or th I corporation name m	e abbrevia	tion	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A			_	
				700 000	2016	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		HASSE	IAN 29	
				E.F.S	H	-
		·	1	0H0 10H1 10H1	- - - -	
D. If amending the registered agent and/or new registered agent and/or the new re			r the name of the	*****	6	
Name of New Registered Agent N/	A					
	(Florida :	street address)				
New Registered Office Address:	·	,	. Florida			
New Registered Office Address.		(City)		Zip Code)		
New Registered Agent's Signature, if chan	ging Registered Agei	<u>nt:</u>				
I hereby accept the appointment as registered	l agent. I am familia	r with and accept the o	bligations of the position	on.		

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 <math>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)	Title	Name	<u>Addres</u> s
1) Change	P	Abdul Shatara	200 S Main St
Add X Remove			Belle Glade, Fl 33430
2) Change	V-P	Ghasiba Shatara	200 S Main St
X Add			Belle Glade, Fl 33430
Remove			
3) Change			-
Add			- AND IN THE STATE OF THE STATE
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			410
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			
			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
N/A			

4	1/13/2016	
The date of each amendment(s) ad date this document was signed.	option:	, if other than th
1/13	2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this b document's effective date on the De		ng requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	or the amendment(s) was/were sufficient for app	proval
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder ac	tion and shareholder
Dated	1-/13-16	
(By a di	rector, president or other officer – if directors or , by an incorporator – if in the hands of a received fiduciary by that fiduciary)	
	William S Poole	
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	