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## COVER LETTER

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPORA	ATION: BD GLOBAL GRO	DUP INC			
DOCUMENT NUMBI	ER:	·			
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
1	MAGALY D. NAVARRO				
<del>-</del>		Name of Contact Person			
1	MAGALY'S MULTI-SERVI	CES LLC			
-		Firm/ Company			
<b>.</b>	8421S ORANGE BLOSSOM TRAIL STE 134				
-		Address			
(	ORLANDO, FL. 32809				
-		City/ State and Zip Code	:		
MAGA	ALYNFMS@GMAIL.COM				
<del>.</del>		sed for future annual report	notification)		
For further information	concerning this matter, pleas				
MAGALY NAVARRO		at (			
Name 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BD GLOBAL GROUP INC		
(Name of Corporation	as currently filed with the Florida	Dept. of State)
P1600004798		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	ooration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional co	ncorporated" or the abbreviation or
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS</u> )	•
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered	<u>l office address in Florida, enter t</u> l	e name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
	(Furida sireer dairess)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. 1	am familiar with and accept the oblig	gations of the position.
		87F 100
Signat	ure of New Registered Agent, if chan	iging Company
		<u> </u>
		المستخدم لرب

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.

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	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BONILLA MUNOZ, RONAL	518 ONE CENTER BLVD # 211
X Add			ALTAMONTE SPRINGS,
Remove			F1 32701
2) Change	т	RUBIO, MARTHA	518 ONE CENTER BLVD #211
X Add			ALTAMONTE SPRINGS,
Remove			FL. 32701
3) X Change	S	DUARTE, RAQUEL M	613 SABAL LAKE DR # 211
Add			LONGWOOD, FL. 32779
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Famending or adding additional A Attach additional sheets, if necessary	v). (Be specific)				
	<del>-</del>		<del></del>		
			<del>_</del>		
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an amendment provides for an e provisions for implementing the a	xchange, reclassi	fication, or canc	ellation of issued	<u>d shares,</u>	
(if not applicable, indicate N/A	)	Contained in the	. anjengareny ies		
	·				_
· · · · · · · · · · · · · · · · · · ·				·	
<del></del>					

• • • •	10/23/2017	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen e sufficient for approval.	t(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/23/2		
DatedSignature	Perar Beraciert.	
(By selo	a director, president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other colointed fiduciary by that fiduciary)	
	CESAR A. BERACIERTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	