P1600019682

(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	ısiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
]						

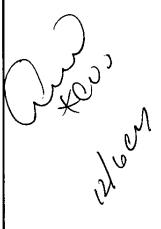




900292860609

12/05/16--01012--088 **43.75





COVER LETTER

TO: Amendment Section

Division of Corporations Bourn Global Coep. NAME OF CORPORATION: 716000019682 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stratus Consultants
Firm/Company 18501 Pives BIVD Suito 342

Address
Pamprohe Pines, FL 33029

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HECTOR J Paradisi at (7) 5028767

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **⊠**\$43,75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

Baron	Global	COEP.
f Carnaration	as our tonthy filed	with the Flor

(Name of Corporation as currently filed with the Florida Dept. of State) P160000019682

(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
μſ	A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	
B. Enter new principal office address, if applicable:	N/¥	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		_2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	FILL SEEL TO
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:		
Name of New Registered Agent	ν/ κ	
(Florida stree	t address)	
New Registered Office Address: N/A	, Florida_	
(6	City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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>	John Doo	<u>e</u>				
X Remove	Y	Mike Jor	<u>ies</u>				
X Add	<u>sv</u>	Sally Sm	<u>iith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address		
I) Change	D		SIEM	ENTERPRISE			
Add					15939	Fishhawk U	lèw Dr.
Remove					Lithia	, FL 33547	. US
2) Change					.,	 	
Add							
Remove							
3)Change		_					
Add							
Remove							
4) Change							
Add							
Remove					- th	<u></u>	
5) Change		_			-,		
Add							
Remove							
6) Change	***************************************	_				.,	
Add							
Remove							

amending or add ttach <i>additional si</i>	ing additiona teets, if necessi	l Articles, enter eary). (Be specif	change(s) here fic)	<u>e</u> :			
UE							
		AVA					

	·						
							
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	 		
							
·· · ·							
an amendment p rovisions for imp (if not applica	lementing the	e amendment if n	ssification, or not contained	cancellation in the amend	of issued st Iment itself;	ares,	
	,	N/A					
				· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption:	Nov. 3rd	,2016	, if other than the
date this document was signed.	1	,	
Effective date if applicable:	NOV. 3rd	,2016	
	no more than 90 days afte		
Note: If the date inserted in this block does not document's effective date on the Department of Sta	• •	tory filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		of votes east for the amend	lment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gra			
"The number of votes cast for the amendn	nent(s) was/were sufficier	nt for approval	•
by	group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without sh	narcholder action and shar	reholder
☐ The amendment(s) was/were adopted by the inc action was not required.	orporators without shareh	nolder action and sharehol	lder
Dated	/2016 m	hw.	
(By a director, preside	orator – if in the hands of	ectors or officers have no a receiver, trustee, or oth	
	HECTOR	J. Parad	isi
(Ту	ped or printed name of pe	erson signing)	
	INCORP	ORATOR	
	(Title of person s	•	