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(Cit	ty/State/Zip/Phone	e #)
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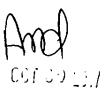
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BETTY CROQUE	R ONE INC	
DOCUMENT NUMBI	ER: P16000044950		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
`	MARTHA CASANO		
_		Name of Contact Person	1
I	F&S PROJECTS CORP		
-		Firm/ Company	
1	920 N COMMERCE PARK	WAY SUITE 1920-3	
-		Address	
,	WESTON, FL, 33326		
-		City/ State and Zip Code	2
martha	.c@fandsprojects.com		
	- ·	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
MARIALCIRA SAEZ		786	6228776
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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Inassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 OCT 26 AH 10: 37

A SECRETARY OF STATE BETTY CROQUER ONE INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000044950 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: (City) 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.

Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BARBIERI, LUIS F	6450 NW 110TH AVE
Add			DORAL, FL, 33178
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)	
		-
		· · ·
f an amandmant provides for an avel	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
01/01/2	2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date irtiment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
action was not required.		
Signature	Tellie// Cross in	
(By a dire selected,	bector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiductory by that fiductory)	
В	EATRIZ CROQUER	
-	(Typed or printed name of person signing)	
V	P	
	(Title of person signing)	