P10000058354

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Amend/Mane

OCT - 4 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEATUM CONST	RUCTION, INC.	
	BER: P16000058354		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Drew Levine		
		Name of Contact Person	n
		Firm/ Company	
	715 E Bird Street		
	Tampa, FL 33604	Address	
		City/ State and Zip Cod	e
d.l.w	bfinancial@gmail.com		
		sed for future annual report	notification)
	n concerning this matter, pleas		
Drew Levine		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

REATIIM	CONSTRUCTION.	INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>te</u>)
P16000058354			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	: following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
BEATUM MANAGEMENT & CONSU			_,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation na	The new or the abbreviation me must contain the
B. Enter new principal office address.	if applicables	715 E Bird Street 2nd floor	
(Principal office address MUST BE A S		Tampa FL 33604	
			ACE OF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		715 E Bird Street 2nd floor	SES SES
		Tampa FL 33604	28
			2
D. If amending the registered agent an new registered agent and/or the ne	id/or registered office ad w registered office addre	dress in Florida, enter the name of thess:	
_	Drew Levine		
Name of New Registered Agent	715 E Rird Street 2nd fl	oor	
			
	,		33604
New Registered Office Address:		, Florid	a (Zip Code)
		(0.13)	(
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	Drew Levine 715 E Bird Street, 2nd fl	SS:	
New Registered Office Address:	Tampa	, Florid	a
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligations of the	position.
		•	
	Tali	1	
	1200	XII	<u>,</u>
·	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>	John Doe	
X Remove	<u>y</u>	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	p	Caride Antonio M	13203 Sanctuary Cove Dr
Add			Tampa, FL 33637
X Remove			
2) Change	P	Drew Levine	715 E Bird Street 2nd floor
XAdd			Tampa FL 33604
Remove			
3) Change	VP	Dell Hammock	1114 E 142 Ave
Add			Tampa, F1 33613
Remove			
4) Change		_	
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
•		
		, , , , , , , , , , , , , , , , , , , ,
If an amendment provides for an excl	nange, reclassification, or cancellation of issue	d shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment its	<u>elt:</u>
	•	

• • •	September 24th 2		
The date of each amendment(s) a date this document was signed.	doption:		, if other than th
Sep	tembeer 24rd, 2016		
Effective date <u>if applicable</u> :		an 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the De		pplicable statutory filing requirements, this date will is.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adby the shareholders was/were so		The number of votes cast for the amendment(s)	
		through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was	/were sufficient for approval	
by	(voting group)	.,,	
	(voting group)		
☐ The amendment(s) was/were ad action was not required.	opted by the board of direc	ctors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators	without shareholder action and shareholder	
9/24/2016 Dated			
Signature	Drew Se	ut	
` •	•	officer – if directors or officers have not been	
	ed, by an incorporator – If I nted fiduciary by that fiduci	in the hands of a receiver, trustee, or other court iary)	
	Drew Levine	(
	(Typed or prin	nted name of person signing)	
	President		
	T)	itle of person signing)	