P16000073633

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BANKRUPTCY	AUCTIONEERS OF AMEI	RICA INC			
DOCUMENT NUME	01/0/00003/33					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Scott Grasso					
		Name of Contact Person	n			
	BANKRUPTCY AUCTIONEERS OF AMERICA INC					
		Firm/ Company				
	5944 CORAL RIDGE DR #267					
	Address					
	CORAL SPRINGS, FL 3307					
		City/ State and Zip Cod	e			
auctio	n163@aol.com					
		sed for future annual report	notification)			
	•		,			
For further information	concerning this matter, pleas	se call:				
Scott Grasso		954 at (965-7952			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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

BANKRUPTCY AUCTIONEERS OF AMERICA INC

(Name of Corporation as currently	filed with the Florida Dept. of State)			
P16000073632				
(Document Number of	Corporation (if known)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the follo	owing ar	nendm	ent(s) to
A. If amending name, enter the new name of the corporation:				
		Th	ie nev	<i>a.</i>
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name m	he abbre nust com	eviatio tain th	n e
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
C. Enter new mailing address, if applicable:			7.7	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		;- :-	1,	;
			ري	
			ယ်	
			• • •	7)
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	· ·	(<u>,,</u>	
			; 5	
Name of New Registered Agent				
(Florida stree	of address)			
New Registered Office Address:	, Florida	<u> </u>		
(4	City)	(Zip Code	2)	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the positi	ion.		
Signature of New Re	vistered Avent if chanving			

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>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Na</u>	<u>ame</u>	<u>Addres</u> s
1) Change	VPD	Ja	ames Gall	15231 SW 74 COURT
Add				Palmetto Bay, FL 33157
X Remove				
2) Change		_ _		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				 -
Remove				
5) Change				
Add				
Remove				
റ Change		_		
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	
	
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	<u> </u>
If an amendment provides for an exc	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)	
	
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	<u> </u>

The date of each amendment(s) as	doption:	, if other than the
date this document was signed.		
07/3 Effective date <u>if applicable</u> :	31/2017	
Effective date it applicable:	(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su		nber of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were suf	fficient for approval
by		, m
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without s	shareholder action and shareholder
07/31/2017	,	
Dated	×	_
Signature	hot mane	
(By a d selecte		if directors or officers have not been ands of a receiver, trustee, or other court
	Scott Grasso	
	(Typed or printed name	e of person signing)
	President Director	
	(Title of pe	erson signing)