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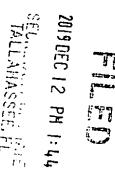
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## **COVER LETTER**

**FO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BMCP INC
DOCUMENT NUMBER: P1 600 00 77 002
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Boltman D Bernel Brito
Name of Contact Person
BMCP INC
Firm/ Company
_640 38th 5T
Address
WB FL 33407
City/ State and Zip Code
n. Sosa@ billswith. net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Baltazar D. Bornal Baito at (SG) 598-3230
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

## **Articles of Amendment** to Articles of Incorporation of

RMC6 INC						
(Name of Corporation	as current	ly filed with th	e Florida Dept.	of State)		
P160000 T	7002					
(Documen	it Number o	of Corporation (	(if known)		•	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this	Florida Profit	Corporation ado	pts the follow	wing am	iendment(s)
A. If amending name, enter the new name of the corp	oration:					
Nla					The	new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	n "Co".	A professional				
B. <u>Enter new principal office address,</u> if <u>applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )	NA				
				<u>०</u> सुरह	22_	
					30.5	- Francisco
C. Catananau mailing address if applicables		1		ر ما الله	0	E J
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA			2	(Value of the control
		_		1.U.	Нd	
		-		<u> Γη.</u> Τη:	<del></del>	
				L:	<u>_</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off			a, enter the name	e of the		
Name of New Registered Agent						
	(Florida st	reet address)				
New Registered Office Address:				Florida		
нев педыени сурке лиштега.		(City)	,	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at			n the obligations	of the positic	on.	
Signatui	re of New I	Registered Ager	nt, 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: PT. John Doe X\_Change  $\underline{V}$ Mike Jones X Remove  $\underline{SV}$ <u>X</u> Add Sally Smith Address Type of Action Title <u>Name</u> (Check One) Miquel Benil Baito 1) \_\_\_\_ Change \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3 ) Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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provisions for implementing the amendment if not contained in the amendn	dout itealt.
(if not applicable, indicate N/A)	ich risch.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	ANT NOTE:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)  Page 3 of 4	
(if not applicable, indicate N/A)  Page 3 of 4	
(if not applicable, indicate N/A)  JA  Page 3 of 4  The date of each amendment(s) adoption: [42]7   19	
(if not applicable, indicate N/A)  Page 3 of 4  The date of each amendment(s) adoption: [2]7 19	, if other than the
Page 3 of 4  The date of each amendment(s) adoption:    1   7   9     19	
(if not applicable, indicate N/A)  Page 3 of 4	, if other than the

document's effective date on the De	partment of State's record	ds.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. fficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholder, each voting group entitle	s through voting groups. The following statement ad to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) wa	s/were sufficient for approval
by		
	(voting group)	
action was not required.		ctors without shareholder action and shareholder s without shareholder action and shareholder
selected	d, by an incorporator – if ted fiduciary by that fiduc	officer - if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)  Beinel Bi. Fo
		nted name of person signing)
	Resident	

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the