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| tificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|---|
| NAME OF CORPORATION: BILDOOD 89541 |
| DOCUMENT NUMBER: 1 1600000 15 11 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Barclay Grebner Name of Contact Person |
| 7957 WE Bry Short Ct MP 1811 Address |
| Mugmi Fl 35138 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Compared to the concerning this matter, please call: 186 838 50 1 |
| 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: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing Address Street Address |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

| | of | 16 NOV 17 AM (1: 50 | |
|--|------------------------------------|---|---------------|
| 5 lack shee | PDW. | SEC** The control of \$ | |
| (Name of Corpo | oration as currently file | ed with the Florida Dept. of State) | |
| P16,0000 | 89541 | | |
| (D | Ocument Number of Cor | rporation (if known) | |
| Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation: | lorida Statutes, this <i>Flori</i> | rida Profit Corporation adopts the following ame | endment(s) to |
| A. If amending name, enter the new name of t | he corporation: | | |
| | | | new |
| | Corp," "Inc," or "Co". | "company," or "incorporated" or the abbrevi '. A professional corporation name must contai ." | |
| 3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> | | | · |
| | _ | | |
| | _ | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>E BOX</u>) | | |
| | _ | | |
| | _ | | |
| D. If amending the registered agent and/or reg | gistered office address i | in Florida, enter the name of the | |
| new registered agent and/or the new register | ered office address: | | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street ac | uddress) | |
| New Registered Office Address: | | , Florida | |
| | (City) | y) (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| hereby accept the appointment as registered ago | | and accept the obligations of the position. | |
| | | | |
| | | | |
| | Signature of New Regist | stered 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 | PT | John Doe | |
|-------------------------------|--------------|--------------------------------|---------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name Rolling | Address 7951 WE BryShowed |
| 1) Change Add Remove | _V_ | <u>Occamy</u> <u>Sicholigi</u> | Miami P1 33138 |
| 2) Change Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| 4) Change | | | |
| Add | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and and an analysis |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicale N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicale N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |

| The date of each amendment(s) adopted date this document was signed. | on: | , if other than the |
|---|---|--|
| Effective date if applicable: | NOV 10 2016 | |
| | (no more than 90 days after amendme | nt file date) |
| Note: If the date inserted in this block document's effective date on the Departm | | equirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast nt for approval. | for the amendment(s) |
| | by the shareholders through voting groups. Twoting group entitled to vote separately on the | |
| "The number of votes cast for th | e amendment(s) was/were sufficient for approv | al |
| by | | ., |
| | (voting group) | |
| ☐ The amendment(s) was/were adopted action was not required. | by the board of directors without shareholder a | ction and shareholder |
| The amendment(s) was/were adopted action was not required. | by the incorporators without shareholder action | and shareholder |
| NOW 10 | · Tolc | |
| Dated NW C | hu Gobrel de | Sur- |
| y by a directo | r, president or other officer – if directors or off | |
| | an incorporator – if in the hands of a receiver, thuciary by that fiduciary) | rustee, or other court |
| r | restor Galaciel de Sa | SZA |
| | (Typed or printed name of person signing | 3) |
| | Over oll. | |
| | (Title of person signing) | |