

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
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PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	-
(D	ocument Number)	<del></del>
Certified Copies	Certificates of	Status
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/US 02 2017

# COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	BEGABER INTER	NATIONAL, COR	P
DOCUMENT NUMBER: P16000096237			
The enclosed Articles of Amendment and fee ar	re submitted for filing	<u>-</u>	
Please return all correspondence concerning this	_		
	ANGELA MA	АСК	
	(Name of Cont	ict Person)	
TAX ACCO	UNTING & FINANC	IAL SPECIALIST	S, LLC
	(Firm/ Con	ipany)	
	2295 S. HIAWASSEI	E RD STE 407C	
	(Addre	ss)	
	ORLANDO-FLORI	DA 32835	
	(City/ State and	Zip Code)	
	OMIN@CREATRIXC		
E-mail address: (to be	used for future annua	report notificatio	n)
for further information concerning this matter, p	lease call:		
ANGELA MACK		407 at	710-0808
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Flor	da Department of	State:
_	ee & □\$43.75 Filing	Fee & S52.5 Certifi py is Certifi	0 Filing Fee icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Secti Division of Corpo Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301



July 13, 2017

ANGELA MACK 2295 S. HIAWASSEE RD STE 407C ORLANDO, FL 32835

SUBJECT: BEGABER INTERNATIONAL, CORP.

Ref. Number: P16000096237

We have received your document for BEGABER INTERNATIONAL, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 017A00014179

### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:BEGA	BER INTERNATIONAL.	CORP		
DOCUMENT NUMBER:	P16000096237				
The enclosed Articles of A	mendment and fee are sul	omitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following:			
		ANGELA MACK			
		Name of Contact Person			
	TAX ACCOU	NTING & FINANCIAL SF	PECIALISTS, LLC		
		Firm/ Company			
	2295	S. HIAWASSEE RD STE	407C		
		Address			
ORLANDO-FLORIDA 32835					
		City/ State and Zip Code	e		
	ADMI	n@creatrixoffices	.COM		
<del> </del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information cor	ncerning this matter, pleas	se call:			
ANGEI.	A MACK	at (	710-0808		
Name of Co	ontact 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)		
Amendn Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations on Building Executive Center Circle		

Tallahassee, FL 32301

#### **Articles of Amendment**

to

## Articles of Incorporation

of

#### BEGABER INTERNATIONAL, CORP

P1600009	96237	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s	
A. If amending name, enter the new name of the corporation:		
	Thenew	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	14458 WHITTRIDGE DR	
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN, FLORIDA 34787	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14458 WHITTRIDGE DR	
	WINTER GARDEN , FLORIDA 34787	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent	<u></u>	
Name of New Registered Agent		
(Florida si	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
	D - Company	
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	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>	<u>Name</u>	Address		
1) Change	VP	Cleto Teles Silva, Isabel Cristina	14458 Whittridge Dr		
XAdd			Winter Garden, Florida 34787		
Remove					
2) Change	Т	Cleto Teles e Silva, Gabriel	14458 Whittridge Dr		
X Add			Winter Garden, Florida 34787		
Remove					
3 ) Change	<u>s</u>	Cleto Teles e Silva, Bernardo	14458 Whittridge Dr		
XAdd			Winter Garden, Florida 34787		
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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f an amendmer	it provides for an excl	iange, reclassificati	on, or cancellation	of issued chares	
f an amendmer provisions for	nt provides for an excl implementing the ame	nange, reclassificati	on, or cancellation	of issued shares, ment itself:	
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provisions for i (if not appl	<u>implementing the ame</u>	nange, reclassificati	on, or cancellation ained in the amend	of issued shares, ment itself:	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amo	endment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of the separately o	ps. The following statement on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for a	pproval
by	
(voting group)	<del></del>
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated	
Signature CUCY/XXLLIGER	
(By a director, president of other officer – if directors selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	or officers have not been iver, trustee, or other court
Typed or printed name of person s	
(Typed or printed name of person s	igning)
Accumun	t-Begistered Agent
(Title of person signing	)