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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{\mathrm{B}z}{-}$	D GUY MANAGEMENT, INC.
DOCUMENT NUMBER: P17000	
The enclosed Articles of Amendme	t and fee are submitted for filing.
Please return all correspondence co	cerning this matter to the following:
ALLEN JAC	эві
	Name of Contact Person
THE LAW (FFICE OF ALLEN JACOBI
	Firm/ Company
11077 BISC.	YNE BOULEVARD, SUITE 200
	Address
NORTH MI.	MI, FL 33161
•	City/ State and Zip Code
allen@allenjacobil	W (700)
0,	ldress: (to be used for future annual report notification)
13 mm	the second secon
For further information concerning	nis matter, please call:
ALLEN JACOBI	at (305) 893-5644 Area Code & Daytime Telephone Number
Name of Contact Pe	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State.
	Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ations Division of Corporations Clifton Building

SECTION OF STATES AND STATES AND

Articles of Amendment to Articles of Incorporation of

BAD OUT MANAGARAT, INC.			
(Name of Corporation as currently filed with the Florida Dep	ot, of State)		
P17000010277			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	adopts the follo	wing amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpor word "chartered," "professional association," or the abbreviation "P.A."	porated" or the ration name m	The ne e abbreviatio ust contain th	n
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u></u>
		احت	533
•		77	
D. If amending the registered agent and/or registered office address in Florida, enter the na	me of the	د! ٠	
new registered agent and/or the new registered office address:			ွင္ဆ
Name of New Registered Agent		-	~ S
(Florida street address)			Ž.
New Registered Office Address: (City)	_, Florida	Zip Code)	
	,,	in the same of	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	as of the positio	Э И,	
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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CLEMENTA JOHNSON	10777 PRESERVE WAY #207
Add			MIRAMAR, FL 33025
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			•
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
-	***************************************
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
7/12/2017 Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)	
Clementa Johnson	
(Typed or printed name of person signing)	
(::0	
(Title of person signing)	