Proces 3024

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500345180555

500345180555 05/26/20--01006--021 **35.00

RECEIVED

MAY 2 7 7020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

- · · -		·	
Biscayne Rods Cor	rp		
 			
			Art of Inc. File
1-21-			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
3			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
· · mirito	Date	Time	UCC II Retrieval
Walk-In	_ Will Pick t	Jp	Courier

Articles of Amendment to Articles of Incorporation of

Biscayne Rods Corp.		
(Name of Corpor	ration as currently filed with the Flori	da Dept. of State)
P17000013 02 4		
(Do	ocument Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s)
A. If amending name, enter the new name of th	ne corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	Inc," or "Co". A professional corpor	The new orated" or the abbreviation "Corp" ration name must contain the word
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reginer new registered agent and/or the new register	istered office address in Florida, enter	the name of the
Name of New Registered Agent		
 	(Florida street address)	<u> </u>
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent; nt. I am familiar with and accept the ob	ligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: \underline{X} Change	PT	John Doe	TO THE
X Remove	<u>V</u>	Mike Jones	F 100
X Add	<u>sv</u>	Sally Smith	KAY 26 MM O
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Jennifer Vinas	
Add X Remove			
2) Change	PS	Chad Heinsohn	425 E. 9 Street
X Add			Hialeah, FL 33010
Remove 3) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
რ) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
(
	-
····	
<u> </u>	
	
	
	200
	TALLAS
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	47.26 MSSM
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	***
	五 五
A	<u>9, ç</u>
	44 8 20
	<u>c.</u>
	
	

.

The date of each amendment(s) adoption:	04/30/2020	
date this document was signed.		_ if other than the
Effective date if applicable:		
	(no more than 90 days after amendment sile date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will rof State's records.	not be listed as the
Adoption of Amendment(s)	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	te incorporators, or board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	
The amendment(s) was/were approved by must be separately provided for each votin	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
	endment(s) was/were sufficient for approval	No.
by SOLE SHAREHOLDER		
(ve	oting group)	18 18 18 18 18 18 18 18 18 18 18 18 18 1
·	$\widehat{\omega}_{i}^{2}$.	<u>></u>
04/30/2020 Dated	· · · · · · · · · · · · · · · · · · ·	
7	y that	X
Signature	<u>4</u> . ₆	ە ئە
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
CHAD HI	EINSOHN	
	(Typed or printed name of person signing)	
	(Title of person signing)	