PIDDDD21677		
(Requestor's Name) (Address) (Address)	100306755151	
(City/State/Zip/Phone #)	12/20/1701010005 ++52.SO	
Special Instructions to Filing Officer:	DEC 2 1 2017 S. YOUNG	

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION:	BMY	Disterba	stor Inc.
DOCUMENT NUMBER:	P170000	021677	

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>754</u>)<u>812-130</u> Area Code & Daytime Telephone Number

Name of Contact Person

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Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee 60

**\$**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)

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

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

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Articles of Amendment	
to	
Articles of Incorporation	
BM Distributor Inc.	1
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1700021677	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

## A. If amending name, enter the new name of the corporation:

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N/A	<u> </u>		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name	r the abbreviatic e must contain th	n he
<b>B.</b> <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	/A	i	
C. <u>Enter new mailing address, if applicable;</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	/A	W. DEC 20	
D. If amending the registered agent and/or registered office addu new registered agent and/or the new registered office address		H 8:08	
Name of New Registered Agent N/A			
	reet address)	······································	) . :; {
New Registered Office Address:	Florida	(Zip Code)	,

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A Signature of New Registered Agent, if changing

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## 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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:**

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<u>X</u> Change	<u>PT</u> John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title Name</u>	Address
1) Change	V Saecd Mohammed Azam	1720 SW B7m Way
Add		Miramar, FL- 33027
Remove		
2) Change	V Ishmam Chaudhury	1720 SW 137 Way
-X Add		Miramar, FL 33027
Remove		I,
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	<u> </u>	·
Add		<u> </u>
Remove		<u></u>
6) Change		
Add		
Remove		

(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued sha provisions for implementing the amendment if not contained in the amendment itself:	<u>res,</u>
(if not applicable, indicate $N/A$ )	
N/A	
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\_\_\_\_ if other than the The date of each amendment(s) adoption: date this document was signed. 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval bv -(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. Dated Signature (By a director, president or other officer - if director of officers have not been selected, by an incorporator - if in the hands of a roceiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) RESIDENT (Title of person signing)

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