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PICK-UP WAIT MAIL
(Business Entity Name)
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<u>COVER LETTER</u>

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPO	RATION: BSI	Сыр	
DOCUMENT NUMI	BER: <u>4/7000</u> 2	145527	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	<u>Saphi</u>	A PACE	
		Name of Contact Person	<u>) </u>
	4942 Pines	Firm/Company 7 Blus. Ind	246061 Perubaka Pines 33004
	Perubuoke	Address //	32032/
	E-mail address: (to be us	City/ State and Zip Cod	Cou
For further information	o concerning this matter, pleas	se call:	
John Name	PACE of Contact Person	at (<u>952/</u> Area Co	de & Daytime Telephone Number
	r the following amount made		
\$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 abasser, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building yecutive Center Circle
Ame Divi P.O.	endment Section sion of Corporations	Amend Divisio Clifton	Address ment Section n of Corporations

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

	poration
(BS) Coxp"	
(Name of Corporation as currently	filed with the Florida Dept. of State)
D140000 7/55/	<u></u>
(Document Number of C	Corneration (if known)
(Document Number of C	corporation (11 known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	五黑 雪
(mulling udares) MATT DE ATTOOT OF THE BOTT	
	23 二
	FG 20
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	ŕ
(Florida stree	(address)
New Registered Office Address:	Florida Control
<i>/C</i>	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position
Signature of New Res	ristered 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: XChange	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	V Jophin Pace	7972 Pines Blus
Add Remove		Und 24676/ Aubusta Vines II, Sexo
2) Change	4 HIBRUID BROKINGAW	1772 Pines Blus Und 246761
Remove 3) Change Add		Andruke Pres 71. 33394
Remove 4) Change Add		
Remove		
Add	- -	
6) Change		
Add	-	

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

The date of each amendment(s) adoption:	, if other than the
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 vidocument's effective date on the Department of State's records.	vill not be listed as the
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.	
he 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	
by"	
(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 Ox/1/2 12. 2017	
Signature Juphier For	
(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 fiduciary)	
O P 1	
SUPPLIA PAOF	
(Typed or printed name of person signing)	
The sident	
(Title of person signing)	