## P170000 59098

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Check # 1684

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BMA FOOD & BE	EVERAGE,INC.					
DOCUMENT NUMI	P17000059098						
The enclosed Articles	of Amendment and fee are su	hmitted for filing.					
Please return all corre	spondence concerning this ma	itter to the following:					
	AMANY ABDALLA						
	Name of Contact Person						
	BMA FOOD AND BEVERAGE, INC.						
		Firm/ Company					
	7149 CAPTIVA CIR						
		Address	74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	NEW PORT RICHEY,FL 34655						
		City/ State and Zip Cod	e				
	BMAFOO <b>B</b> NBEVERAGE@	DHOTMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
p							
For further informatio	n concerning this matter, plea	se call:					
AMANY ABDALLA		727	5050005				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:				
S35 Filling Fee	S43.75 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, F1, 32314		Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303				

## Articles of Amendment Articles of Incorporation of

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	Amendment
	to ncorporation
BMAFOOD AND BEVERAGE,INC.	of ·
·	ntly filed with the Florida Dept. of State)
P17000059098	my med with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	
BMA FOOD AND BEVERAGES, INC.	The n
"chartered," "professional association," or the abbreviation "P <sub>c</sub> A	A professional corporation name must contain the wi
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	7149 CAPTIVA CIR
	NEW PORT RICHEY,FL 34655
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	7149 CAPTIVA CIR
	NEW PORT RICHEY, FL 34655
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida s	street address)
(Florida s New Registered Office Address:	

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 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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
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	Р	BASEM BOTROUS	570 HOLLOW RIDGE
Add			PALM HARBOR, 34683
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mach na	lditional sheet	g additional A is, if necessary	). (Be spec	ific)				
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J. W.								
<del></del>								
c				ن سره				
provision	ns for implen	vides for an ev nenting the ar	mendment if	assification, on the mot contained	ir cancellatio I in the amen	n of issued sh dment itself:	ares,	
(if ne	ot applicable,	indicate N A)						
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	06/04/2020	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
	4/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	i, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the ame flicient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by AMANY ABDALLA		
	(voting group)	
006/04/202 Dated	0	
Signature	Amany ABdalla	
selected	rector, president or other officer – if directors or officers have r l, by an incorporator – if in the hands of a receiver, trustee, or o ed fiduciary by that fiduciary)	
. ,	AMANY ABDALLA	
-	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)