P17000068631

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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	<u></u>
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
	Office Use Or	ılv



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N/C & Amend

A. RAMSEY **DEC 0 6 2021**

X00789,01092,04135,00167,0067 X00789,04135,00524,0067

Division of Corporations

November 16, 2021

ANA DOLORES CUTINO SALDIVAR BM DRINKS 430 SW 34 AVE MIAMI, FL 33135 US

SUBJECT: BM DRINKS INC Ref. Number: P17000068631

We have received your document for BM DRINKS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 821A00027769



October 8, 2021

ANA DOLORES CUTINO SALDIVAR BM DRINKS 430 SW 34 AVE MIAMI, FL 33135 US

SUBJECT: BM DRINKS INC Ref. Number: P17000068631

We have received your document for BM DRINKS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please sign the amendment as the president in the space provided at the bottom of page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 821A00024477

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BM DRINKS INC				
	IBER: P1700006863				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ANA DOLORES CUTIÑO S	SALDIVAR			
	Name of Contact Person				
	BM DRINKS INC				
		Firm/ Company			
	430 SW 34 AVE				
		Address	···		
	MIAML FL. 33135		<u> </u>		
		City/ State and Zip Cod	v		
	usa@mephsa.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas		~/00= in=		
	JHNO SMIDIVAR	ar (de & Daytime Telephone Number		
Name	of Contact Person	Area (o	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	El\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	illing Address rendment Section		Address Iment Section		
	vision of Corporations		on of Corporations		
P.O. Box 6327 Tallabassee, Ft. 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 (1	manusec, (t. P.2314		issee, 11, 32303		

Articles of Amendment to Articles of Incorporation of

FILED
2021 DEC-3 PHI2 12

BM DRINKS INC

Check if applicable

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

(Name of Corporat	tion as currently filed with the Florida Dept. of State) 1/15	
P17000068632	The second se	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendm	nent(s)
A. If amending name, enter the new name of the c MEPHSA INC	corporation: The new	a.
	corporation," "company," or "incorporated" or the abbreviation "Corp., " or "Co". A professional corporation name must contain the wor	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.	
Sign	nature 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	Ana Dolores Cutiño Saldivar	430 SW 34 Ave Miami FL 33135
Add			
Remove			
2) Change	P	Ana Dolores Cutiño Zaldivar	430 SW 34 Ave Miami FL 33135
X Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		,	
E. If amending or adding	g additional Articles, enter c	hange(s) here:	
(Attach additional sheet	ts, if necessary) — (Be specifi	ic)	
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	vides for an exchange, recla-	ssification, or cancellation of	issued shares,
r. <u>II an amendment prov</u>	nenting the amendment if n	ot contained in the amendme	nt itself:
provisions for implen	$A = B + A + A^{*} + C$		
F. If an amendment prov provisions for implen (if not applicable	Pulicate N 2()		
provisions for implen	Puncare V21)		
provisions for implen	Principle (V21)		
provisions for implen	Principle X 21)		
provisions for implen	nancae v 21)		
provisions for implen	marcae V21)		
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provisions for implen	marcae V A)		
provisions for implen	marcae V A)		

06/30/2021	
The date of each amendment(s) adoption:	, if other than t
late this document was signed.	
06/30/2021	
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, locument's effective date on the Department of State's records.	this date will not be listed as ti
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following 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)	
Dated	
Signature	
(By a director, president drother officer – if directors or officers have not	t been
selected, by an incorporator – if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	••••
ANA DOLORES CUTIÑO ZALDIVAR	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	