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ZOIB AUG 15 PH 12: 33
SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

#### BP COSTUM DESIGN INC

NAME OF CORPOR	RATION: P17000080769		· · · · · · · · · · · · · · · · · · ·	
	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	LUIS PALMERO			
	Name of Contact Person			
	247 E 52ND ST	Firm/ Company		
	HIALEAH FL 33013	Address		
PAI	_MEROLUIS72@GMAIL.C	City/ State and Zip Code	:	
	E-mail address: (	to be used for future annua	report notification)	
For further information	concerning this matter, pleas	se call:		
LUIS PALMERO		786 at (	366-2701 )	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
S35 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 Indment Section Is sion of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

# FILED

BP COSTUM DESIGN INC

2018 AUG 15 PM 12: 22

(Name of Corporation as curre	ntly filed with the Flor	<u>ida Dept. of State</u> )	FR 12: 33	
P17000080769		SECRETARY TALLAHA	Y OF STATE	
		TALLAHA	SSEE. FL	
(Document Num	ber of Corporation (if ki	nown)	_	
Pursuant to the provisions of section 607.1006. Incorporation:	Florida Statutes, this co	rporation adopts the following	ng amendment(s	) to its Articles of
A. If amending name, enter the new name of BP CUSTOM DESIGN FURNITURE INC	the corporation:			
	1 (1	** " "		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," is	"Corp," "Inc," or "Co	". A professional corporati		
, ,	***************************************	Keep same	on file	
B. Enter new principal office address, if appl				
(Principal office address <u>MUST BE A STREET</u>	<u>r ADDRESS</u> )			
C. Enter new mailing address, if applicable:	141 81 21 81	Keep same o	n file	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>.E BOX</u> )		<del></del>	
	•			
To be the desired to the	· . 1 04m 1.1	* 124 * 3	£ .1	
<ul> <li>If amending the registered agent and/or re- new registered agent and/or the new registered.</li> </ul>		in Florida, enter the name	of the	
	Keep same	a on file		
Name of New Registered Agent	Neep sain	——————————————————————————————————————		
	(Florida stree	t addrace)		
	11 100 1000 30 00	r adar essy		
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:			
Thereby accept the appointment as registered as		and accept the obligations of	of the position.	
	- <u>-</u>		- •	
Signature	e of New Registered Age	nt, 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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Keep same on file	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			<del>*************************************</del>
4) Change			
Add			
Remove			
5) Change		_	
Add			-
Remove			
6) Change			
Add			
· Remove			

	If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	pecific)
	(be special interest of the costs of the special of	he salam.
	· · · · · · · · · · · · · · · · · · ·	
	····	
	-	
		laccification, or cancellation of issued charac
1	f an amendment provides for an exchange, rec	
	provisions for implementing the amendment if	
	provisions for implementing the amendment if	
	provisions for implementing the amendment if	
	provisions for implementing the amendment if (if not applicable, indicate N/A)	
	orovisions for implementing the amendment if (if not applicable, indicate N/A)	
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	provisions for implementing the amendment if (if not applicable, indicate N/A)	
	provisions for implementing the amendment if (if not applicable, indicate N/A)	

## 06/08/2018

if other than the

Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	ndment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group reach voting group entitled to vote separately of	
"The number of votes cas	t for the amendment(s) was/were sufficient for a	pproval
by		
•	(voting group)	<u>-</u>
The amendment(s) was/were ad action was not required.  06/08/20	opted by the incorporators without shareholder :	action and shareholder
Dated		
select	director, president or other officer – if directors ed, by an incorporator – if in the hands of a recented fiduciary by that fiduciary)  LUIS PALMERO	
	(Typed or printed name of person s	igning)
	(Title of person signing)	