P17000081663





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SECRETARY OF STATE
MALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations Bargain Deals Outlet Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luz Canon Rivera Name of Contact Person Bargain Deals Outlet, Inc. Firm/ Company 4449 SW Port Way Address Palme City, FL 34990 City/ State and Zip Code Sales@BargainDealsFL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eva Rivera Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 266) Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file P17000081663	ed with the Florida Dept. of State)	
P17000081663		
		,
(Document Number of Cor	rporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the corporation:		
	The nev	۲'
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" word "chartered." "professional association," or the abbreviation "P.A.	' A professional corporation name must contain the	n Ľ
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>) 4	4449 SW Port Way	
Į.	Palm City, FL 34990	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL SEC	17 !
4	1449 SW Port Way	S
- F	Palm City, FL 34990	9.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	PH 🛠
Name of New Registered Agent	THE STATE OF THE S	32
4449 SW Port Way		
ıFlorida street a	address)	
New Registered Office Address: Palm City	, Florida 34990	•
(Ciņ	V) (Zip Code)	

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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Si Change	*		
Add			
Remove			
6)Change			
Add			
Damasa			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, it necessarys — (Be specific)		•	
•			
			
			•
			<u></u>
			•
,,,,,,,,,,			
If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment.	issued shares,		
(it not applicable, indicate N/A)	int reserve		

The date of each amendment(s) add	11/06/2017 option:	if other than the
date this document was signed.		
11/06.	2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shatcholders was/were suff	ted by the shareholders. The number of votes east for the amendment/sicient for approval.	(3)
	oved by the shatcholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	Pul
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	nted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were adortaction was not required.	nted by the incorporators without shareholder action and shareholder	
11/06/2017		•
Dated	a la line .	
selected	tector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	Luz Canon Rivera	
•	(Typed or printed name of person signing)	,
	Vice President	·
•	(Tule of person signing)	