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(Red	questor's Name)	
(Ádo	dress)	
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(City	y/State/Zip/Phone	e #)
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(Dod	cument Number)	
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COVER LETTER

For further information concerning this matter, please call:

Name of Contact Person at (Sol) 102-6478

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is

☐\$52.50 Filing Fee Certificate of Status Certified Copy

enclosed)

(Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

BC Turner Ven	1 turc	Capi	tal	Inc	_ 1	
(Name of Corporati	ion as current	ly filed with th	<u>e Florida De</u>	pt. of State)	
<u> </u>	1520	3				
(Docum	ment Number o	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	la Statutes, this	Florida Profit	Corporation	adopts the fo	ollowing amend	lment(s) to
A. If amending name, enter the new name of the co	orporation:					
					The n	iew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered." "professional association," or the	o, " "Inc, " or '	"Co". A profe.				
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD						_
						_
					三三	
C. Enter new mailing address, if applicable:					高品	
(Mailing address MAY BE A POST OFFICE BO	<u>()X</u>)				24 10 10 10 10 10 10 10 10 10 10 10 10 10	_ [
					··. <u> </u>	111
					72.	
IN TO THE RESIDENCE OF THE PARTY OF THE PART						10 (J)
 If amending the registered agent and/or registered new registered agent and/or the new registered. 			, enter the na	ime of the	22 (T)	.
		-				
Name of New Registered Agent						
	(Florida Mi	reet address)				
New Registered Office Address:		(Citv)		Florida_	(Hn Code)	~
		(Cily)			(Zip Code)	
Registered Agent's Signature, if changing Reg	istered Agent	<u>:</u>				
eby accept the appointment as registered agent.	I am familiar s	with and accept	the obligation	ons of the po.	sition.	
Signa	ature of New R	Registered Agen	t, 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:	, and our	iy əmim.	ST US UIT AUG.	
X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
\underline{X} Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change	PT		Coakley, John	550 Ocean Cay
Add Remove			,	Key Largo FL 33037
2) Change	PT	-	Coakley, Pobert	550 Ocean Cay Key Largo Fz
Remove				3303
3) Change		_		
Add				
Remove				
Change		_		
Add				
Remove				
Change				
Add				
Remove				
_ Change		-		
_ Add				***************************************
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<del></del>
<del></del>	

.1 <u></u>	
	The date of each amendment(s) adoption: December 5, 2018, if other than the date this document was signed.
΄, .ε	Effective date if applicable: December 5, 2018
	(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 will not be listed as the document's effective date on the Department of State's records.
₩	Adoption of Amendment(s) (CHECK ONE)
j. G	☐ 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.
#	☐ The 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
	by (voting group)
1	☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
فتاعث الكالماء سعم	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
1	Dated 12/15/2018
	Dated 12/15/2018 Signature Lace Couldy
	(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)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PT
	(Title of person signing)