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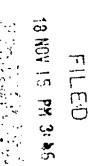
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BCC Events Corp DOCUMENT NUMBER: p18000088687 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Felix Valdes Name of Contact Person Firm/ Company 15611 SW 112th Way Address Miami, FL, 33196 City/ State and Zip Code chrisvaldes91@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 419.2785

Area Code & Daytime Telephone Number Felix Valdes 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 Filing Fee

> Certified Copy (Additional copy is

enclosed)

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Wer never to add our agen Juan Carlos Alvarez Ruz as a title of "President". Thank You.

Articles of Amendment to Articles of Incorporation of

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ω	Events	1 ()***
13	LVUILIO	CUID

\ G	currently filed with the Florida Dept. of State)
P180000 88687	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
	-
C. Enter new mailing address, if applicable:	- σ <u>- Π</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
The Market of Children of the	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Co	of Man Projectored Agent if showing
Signature	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.

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>	Address
I) Change	P	Juan Carlos Alvarez Ruiz	15611 SW 112th Way
XAdd			Miami, FL, 33196
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sary). (Be specific)			
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an amendment provides for :	an exchange, reclassi	fication, or cancel	ation of issued sha	<u>res.</u>
provisions for implementing t	he amendment if not	fication, or cancell contained in the a	ation of issued sha mendment itself:	res.
an amendment provides for a provisions for implementing t (if not applicable, indicate	he amendment if not	fication, or cancell contained in the a	ation of issued sha nendment itself:	res.
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"

The date of each amendmen		Nov	4, 2	0)6.		, if other than the
date this document was signed Effective date if applicable:	11/1/2018					
		(no mor	e than 90 de	iys after amendme	ent file date)	
Note: If the date inserted in document's effective date on the				c statutory filing i	requirements, this date	will not be listed as the
Adoption of Amendment(s)	(<u>C</u>	HECK ON	<u>E</u>)			
☐ The amendment(s) was/we by the shareholders was/w			ers. The nu	mber of votes cast	for the amendment(s)	
☐ The amendment(s) was/we must be separately provid						t
"The number of vote	s cast for the am	endment(s)	was/were st	ifficient for appro-	val	
by	(v	oting group	,			
The amendment(s) was/we action was not required. The amendment(s) was/we action was not required.	•					
Signature _		2019 Wesident or of			ficers have not been	
	elected, by an in ppointed fiducia	•		nds of a receiver,	trustee, or other court	
		Jun	Corlos	AlVere 2 ne of person signin	Luiz	
				e of person signin	g)	
		PRSI	dent			
			(Title of p	erson signing)		