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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CR BNB RENTALS INTERNATIONAL INC. DOCUMENT NUMBER: P / 800009 4006_____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSHUA FOSTER
Name of Contact Person CR BNB RENTALS INTL. Inc.

Firm/Company

114 E. TARPON AVE. #5

Address

TARPON SPRINGS FR 34689

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 510 -6706

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & 💢 💲 \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy 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

is enclosed)

Articles of Amendment

to Articles of Incorporation

CR BNB RENTALS IN	FERNATIONAL.	Inc.
taxame of Corporation as currently	filed with the Florida Dept. of State)	
P180000 9400.6		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fortist Articles of Incorporation: A. If amending name, enter the new name of the corporation:		
BENCHMARK Hospitality Management be distinguishable and contain the word "corporation.	anagement Inc.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	F 11 E
		JE D
(Florida stree <u>New Registered Office Address:</u>	i address) N A Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the posi	ition.
	NA	
Signature of New Reg	gistered 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.

Mike Jones, V as Remove	e, and Sai	ly 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		N) / N=	
2) Change		- MH	
Add		V	
Remove			
3) Change			- 19 J
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		V	
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(in specific)			
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X)[<i>H</i>			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	77.4	<u></u>	
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	73,77	<u> </u>	į
		11:06	•
	5	96	
λ) / Λ			_
U M			

The date of each amendment(s) adoption: Uly 16, 2019	if other than th
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 20 migragier une auto)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as th
Adoption of Amendment(s) (CHECK ONE)	
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	
(voting group)	_
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	<u> </u>
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature 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)	
Tustua Fostere (Typed or printed name of person signing)	
PRESIDENT. (Title of person signing)	