P 1900000 3364

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SECRETARY OF STATE

Amend

DEC 2.7 2019
I ALBRITTON

COVER LETTER

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION: BY A VO BUILDERS COOK TOCK DOCUMENT NUMBER: P1900000 3364				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Melissa Palacios Name of Contact Person PACCOUNTING SCHUICES INC Firm/ Compan) Stock Steel S				
For further information concerning this matter, please call: Melissa Palacios at (239) 331-8718 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Bravo Bu	Hers Cooup to	\mathcal{N}
(Name of Corporati	on as currently filed with the Florida Dept. of State	1
P0190	man 2214	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abb " or "Co". A professional corporation name must eviation "P.A."	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	DRESS)	
		20 S
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SE SE
		7 2 D
		5 5
D. If amending the registered agent and/or register		£
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		.
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	<u>sistered Agent:</u> I am familiar with and accept the obligations of the po	sition.
	y	
		
Signo	ature of New Registered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be notea a change, Mike Jones lea Mike Jones, V as Remove	and/or I , if neces: rector titl Presiden: = Chief F rector wo I in the fo ives the c	Director I sary) le by the j t; T= Tre inancial (ould be P'I ellowing n orporatio	neing added: first letter of the consurer; S= Secrofficer. If an offitte. If an offitte.	office title: etary; D= Director; Ti cer/director holds mor ly John Doe is listed a:	R= Trus e than or s the PS	stee; C = Chairman or Clerk; CEO = ne title, list the first letter of each offic T and Mike Jones is listed as the V. T ould be noted as John Doe, PT as a C	: Chief e held. here is
Example: XChange	<u>PT</u>	John De	<u>oe</u>				
X Remove	Y	Mike Jo	ones .				
X Add	<u>\$V</u>	Sally S	mith_				
Type of Action (Check One)	Title		Name			Address	
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Add					1	Naples, Fl. 34%	3
Remove 2) Change Add	Vf	2	Lih-tz	e Olan Ba	- - 100 <u>-</u>	233 Baltusn Vaples, FL 341	0l D1 13
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			P	age 2 of 4			
E. If amending or addi	ng additi	ional Art	icles, enter chan	ge(s) here:			

(Attach additional sheets, if necessary).

(Be specific)

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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)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was	s/were sufficient for approval
by		
V	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of direc	etors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required. Dated	ted by the incorporators	without shareholder action and shareholder
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		officer = it directors or officers have not been in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduc	iary)
	Yeis	ana Bravo.
	(Typed or prir	ated name of person signing)
_	Presi	dent
C	Title of person signing)	-