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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BMC MULTISER	VICES INC		
DOCUMENT NUM	1BER: P19000004087			
	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	LILIANA RODRIGUEZ			
		Name of Contact Person	1	
	BMC MULTISERVICES IN	С		
		Firm/ Company		
	8249 NW 36TH ST. SUITE	- <i>'</i>		
	Address			
	MIAMI FL 33166			
		City/ State and Zip Cod	e	
	corpoformas@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, pleas	se call:		
LILIANA RODRIGUEZ		305	9796018	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BMC MULTISERVICES INC.

(Name of Corporation as currently fi	iled with the Florida Dept. of State)	
P19000004087		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Studing dudress DIAT DE A COST OFFICE DOA)		
-		
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	<u></u>
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	
tCi.	(zip Ce	ode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent.—I am familiar with	and accept the obligations of the position.	
Signature of New Regi:	stered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	þ	RODOLFO GEJO	8249 MW 36 ST SUITE 121
Add			MIAMI FL 33166
Remove 2) X Change	P	LILIANA RODRIGUEZ	8249 NW 36 ST SUITE 121
Add			MIAMI FL 33166
Remove 3) Change	VPT	MANUEL GEJO	8249 NW 36 ST SUITE 121 MIAMI FL 33166
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	r adding additional Artic nal sheets, if necessary).	(Be specific)	<u> ASTITUTE</u> .		
					
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orovisions fo	r implementing the amer	ange, rectassificat	tained in the ame	ndment itself:	,
uf not an	olicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amending the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the dameholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 9/7/20 Signature Lieucul Augus	
Signature Lileau al Muguel	
(By a director, president or other officer – if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	ner court
LILIANA RODRIGUEZ	
(Typed or printed name of person signing)	·
PRESIDENT	

(Title of person signing)

the

the