P19000034649

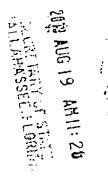
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COVER LETTER

		COVERI	<u>JETTER</u>		mid.
TO: Amendment Secti Division of Corpo					NO 19 MI 128
NAME OF CORPOR	RATION: BMB SKY VIEW	INC			6
DOCUMENT NUMB	P19000034649				
					79
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the follow	/ing:		
	BEATRIZ BONILLA MAR	TINEZ			
		Name of Cor	itact Persor	١	-
	BMB SKY VIEW INC				-
	500 NW 36 ST	Firm/ Co	ompany		
		Addi	ress		-
	MIAMI, FL 33127	Addi			
		City/ State ar	ıd Zip Cod	2	-
ветт	YBONMTZ@GMAIL.COM	I			
	E-mail address: (to be us		nual report	notification)	
For further information	o concerning this matter, pleas	se cail:			
BEATRIZ BONILLA	MARTINEZ	at (786	548-8795	
Name of Contact Person			Area Co	de & Daytime Telephone Numbe	Г
Enclosed is a check for	the following amount made	payable to the Fl	iorida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filis Certified Co (Additional enclosed)	ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 chassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

BMB SKY VIEW INC

		(4.1)	
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State)	2	
P19000034649			
(Document Number	of Corporation (if known)	بر ۱۳۰۶ رفیم	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendn	
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m		
3. Enter new principal office address, if applicable:	11111 BISCAYNE BLVD APT 315		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FL 33181		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HIIII BISCAYNE BLVD APT 315		
(muning datess MAT BE A POST OFFICE BOX)	MIAMI FL 33181		
 If amending the registered agent and/or registered office ade 	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre	SS:		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	. Florida		
New registered Office reduces.		Zip Code)	
New Registered Agent's Signature, if changing Registered Agen			
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the positi	011,	
;			
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: XChange	<u>PT</u>	John Doe	2		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	į	<u>Name</u>	<u>Addres</u> s	
1) Change		 .			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		_ .			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	_				
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)	
		
-		
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		
;		

	08/14/2019	
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
	8/14/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s)	atement :
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
:	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	:holder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
08/14/20	019	
Dated Signature	mant (
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	BEATRIZ BONILLA REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

• • • •

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