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COVER LETTER

TO: Amendment Section · Division of Corporations NAME OF CORPORATION: BEST WAY MARK INC DOCUMENT NUMBER: P19000042999 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS PEREZ Name of Contact Person C PEREZ PROFESSIONAL SERVICES INC Firm/ Company 4343 W WATERS AVE Address TAMPA, FL 33614 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS PEREZ at (813) 249-2300 Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

BEST WAY MARK INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000042999	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	, <u></u>
	. 5
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	TO 5 !
	<u> </u>
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	different or model to the second of the
I hereby accept the appointment as registered agent. I am familiar w	run ana accept the obligations of the position.
Signature of New Re	egistered 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>	<u>Addres</u> s
1) Change	VP	FELIX N PEREZ	391 HIGH ST
Add X Remove			PERTH AMBOY, NJ 08861
2) Change			
Add Remove			
3) Change Add			
Remove			
4) Change			
Add			
5) Change			
Add			
6)Change			
Add			

). (Be specific)			
		·		
	<u>.</u>			
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			 .	
f an amendment provides for an ex-	<u>change, reclassifica</u>	tion, or cancellation	of issued shares,	
provisions for implementing the an	nendment if not cor	<u>itained in the amend</u>	ment itself:	
(if not applicable, indicate N/A)				
(y noi applicable, maicale N/A)				
(y noi applicable, indicale N/A)	 ,			· ·
(y noi applicable, maicale N/A)				
(y noi appucable, maicale N/A)				
(y noi applicable, maicale N/A)				
(4) noi applicante, indicate (NA)				
(ų noi applicante, maicate N/A)				
(ų noi applicante, indicate N/A)				
(4) noi applicante, indicate SVA)				
(4) noi appucante, maicate N/A)				
(ij noi applicante, maicate N/A)				

	10/15/2019	
The date of each amendment(s) addate this document was signed.	foption:	, if other than t
	5/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	<u>.</u>
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the an efficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shar	eholder
10/\9/2019		
Dated		
Signature	Janus Manus	
(B∳a⊾d	frector, president or other officer – if directors or officers have	not been
selecte	d. by an incorporator $-$ if in the hands of a receiver, trustee, or	other court
appoin	ted fiduciary by that fiduciary)	
	FERMINSITO MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	