P19000050086

Office Use Only



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06/28/19--01020--025 **35.00

JUN 28 PN 6:

JUL 12 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: B. D. T. E INDUSTRIES INC.
DOCUMENT NUMBER: 719000050086
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person B. D. T. E. Industrics INC. Firm/ Company 11555 Heron Bay Blub Address Coral Spring, Fl 33067 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Sames N. Holden II at 323 348 - 0308
Name of Contact Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Street Address

Articles of Amendment

Amendment Section

Clifton Building

Division of Corporations,

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Incorporation of

(Norman of Community and American		
→	Filed with the Florida Dept. of State	
7190000500		
(Document Number of (Corporation (II known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	Clorida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:	10	The new name
nust be distinguishable and contain the word "corporation," "compai or Co.," or the designation "Corp," "Inc," or "Co". A professional c "professional association," or the abbreviation "P.A."		Corp.," "Inc.,"
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	11555 HERON BAN	16110
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Coal Springs Fr.	FILED FILED
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		404
Name of New Registered Agent SAMes N.	Holden II	
11555 He (Florida stree		
New Registered Office Address: Com Spring	rus fl., Florida 33 C)67 ode)
New Registered Agent's Signature if changing Registered Agents		

New Registered Agent's Signature, if changing Registered Agent:

1 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

James Holden II

Signature of New Registered Agent, if changing

Page 1 of 4

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

Mike Jones, V as Remove			hese should be noted as John Doe, PL as a Change,
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 \bigcirc Add	_	James N Holder I	Com 1 Springs F1 33067
Remove			
2) Change	_	Ken Rubenfein	FT Lauderdale F1
Add			33304
Remove			
3) Change			_
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change	_		
Add			

Remove	
Add	
Remove	
Page 2 of 4	
E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
	 -
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F. If an amendment provides for an exchange, reclassification, or cancellation of	
issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
ty nos apprendict, macune may	

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The date of each amendment(s) adoption:, if other than the date this document was signed.
(177), a
Effective date if applicable: 6/23/19
(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, 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 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.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 6 23/19
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)
Kenned my Rubentein

(Typed or printed name of person signing)

Presapent

(Title of person signing)

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