P19000093649

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JAN 2 8 ZOZO S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BUB BYERS CLU	B INC		
	0000093649			
The enclosed Articles of Amend	dment and fee are sul	bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
SIMON	BERDUGO			
		Name of Contact Persor		
		Firm/ Company		
673 SW	3rd AVE			
POMPN	AO BEACH, FL 330	Address 060		
-		City/ State and Zip Code	2	
SIMON@UBE	BC.CA			
E-n	nail address: (to be us	sed for future annual report	notification)	
For further information concerr	ning this matter, pleas	se call:		
SIMON BERDUGO		at (764-8956	
Name of Contac	t Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the follo	owing amount made	payable to the Florida Depa	artment of State:	
-	43.75 Filing Fee & ertificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Amend Divisie The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporatio	n as currently	filed with the Fl	orida Dent. of S	tate)	
P19000093649	us carrents	med with the r	orida Dept. of D	(u.c)	
(Docum	ent Number of	Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this F	-lorida Profit Cor	poration adopts	he following	g amendment(s
A. If amending name, enter the new name of the co-	rporation:				
BUD BYERS CLUB INC					77
name must be distinguishable and contain the word "co." "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	or "Co". A	ompany," or "inco professional cor	orporated" or the poration name i	abbreviationust contain	_The new on "Corp.," on the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD					
				3077	- 3
Enter new mailing address, if applicable:				سينين المستعدة	
(Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)				١,١ س
				 	550
		·		<u>-</u>	
				<u></u>	<u> </u>
). If amending the registered agent and/or registered new registered agent and/or the new registered of			ter the name of	th <u>e</u>	•
Name of New Registered Agent					
				-	-
	(Florida stre	vet address)			-
New Registered Office Address:			121	. i	
New Registered Office Address.		(City)	Flor	(Zip C	Code)
New Registered Agent's Signature, if changing Regi			115 0 60	*.*	
hereby accept the appointment as registered agent. I	am jamiliar w	un and accept the	obligations of th	e position.	
Signa	ture of New Re	gistered 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)	Title	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
		onal Articles, enter change(s) here: essary). (Be specific)	

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued sh provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ares,
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Page 3 of 4	
12 18 2010	
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The date of each amendment(s) adoption:	, if other than th
The date of each amendment(s) adoption: date this document was signed.	, if other than th
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	, if other than th

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 a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 12-19-19	
Signature	Mark Hoise
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MARK HAJEC
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)