P20000081605

(Re	equestor's Name)	
(Ad	ldress)	
(A.	Idaa ah	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: BB'S DREAMS O	CORP	
DOCUMENT !	NUMBER: P20000081605		
	rticles of Amendment and fee are s	submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	AMANDA BANCES BROO	СНЕ	
		Name of Contact Perso	n
		Firm/ Company	<u>. </u>
	3241 SW 26TH ST		
	MIAMI, FL 33133	Address	
		City/ State and Zip Cod	e e
	amandabances96@gmail.co		
		used for future annual report	notification)
	mation concerning this matter, ple		01.1.5826
	Same of Contact Person	at (914-5826 de & Daytime Telephone Number
	eck for the following amount made		, ,
\$35 Filing F	Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Tallahassee, FL 32314	Ameno Divisio The C 2415 Y	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

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E) [•	. 3	.,	11		/١	33	ו.ו	٧.,		11	E .

(Name)	of Corporation as currently	filed with the Florida Dept. of State)	
P20000081605			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006. Florida Statutes, this F	lorida Profit Corporation adopts the follow	ing amendmen
A. If amending name, enter the new n	ame of the corporation:		
	"orp," "Inc," or "Co". A	mpany," or "incorporated" or the abbrevia professional corporation name must cont	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		<u>ښ</u>
		-	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			9
· · · · · · · · · · · · · · · · · · ·			
			<u> </u>
D. If amending the registered agent ar		ss in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	AMANDA BANCES BROC	жение <u>— — — — — — — — — — — — — — — — — — —</u>	
	3241 SW 26TH ST		
	(Florida stree	t address)	
New Registered Office Address:	MIAMI	, Florida ³³¹³³	
	((p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the position	· .
		ances Broche	
	Signature of New Reg	istered Agent, if changing	
Z11 1 16 11 11			

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 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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk, CEO = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office President. Treasurer, Director would be PTD$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The 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 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>	Address
1) X Change	р	AMANDA BANCES BROCHE	3241 SW 26TH ST
Add			MIAMI, FL 33133
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Attach additional sheets, if necessar	y). (Be specific)				
				• u · q · <u>=</u> · ·	
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		<u></u>			
		· · · · · · · · · · · · · · · · · · ·	<u></u>		
				 	
					
	 				
				<u> </u>	
f an amendment provides for an oppositions for implementing the	exchange, reclassif	cation, or cancell	ation of issued sha	ares,	
(if not applicable, indicate NA	i)	ontained in the a	mendment usen:		
					
	_				
	<u></u> -				

•	11/03/2020	
The date of each amendment date this document was signed.	s) adoption:	if other than
	10/10/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
	nis block does not meet the applicable statutory filing req e Department of State's records.	uirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
	e approved by the shareholders through voting groups. The differ each voting group entitled to vote separately on the a	
"The number of votes	cast for the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	
1/03/ Dated	2020	
	Amanda Bances Broche	
se	 a director, president or other officer – if directors or office ected, by an incorporator – if in the hands of a receiver, tru pointed fiduciary by that fiduciary) 	
	AMANDA BRANCES BROCHE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

as