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(Requestor's Name) (Address) (Address)	800370919178			
(City/State/Zip/Phone #)	03/13/210)005018 **35.00			
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. Am	iting Address endment Section		Address Iment Section		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
	of Contact Person ir the following amount made		ide & Daytime Telephone Number artment of State:		
FORTUNATA ESPIN		561 at (451 6330		
For further information	n concerning this matter, plea	se call:		3:05	لويدية
	E-mail address: (to be u	sed for future annual repor	notification)	PH PH	<u>[</u> ¥]
	OPERATIONS@ACHIEVEC	City/ State and Zip Cod GEA.COM	c.	313 ARY TAS	*
	BOCA RATON, FL, 33428	Address		ECRETA TALLA	
	9907 THREE LAKES CIR	Firm/ Company		· ~	
		Name of Contact Perso	n		
	PORTUNATA ESPINOZA				
Please return all corre	spondence concerning this ma	atter to the following:			
	of Amendment and fee are su	abmitted for filing.			
DOCUMENT NUM	P21000041567				
NAME OF CORPO		MBERS TRADING INC			
TO: Amendment Sec Division of Corp					
		<u>COVER LETTER</u>			
	<i>.</i>	• ** **	·, · · 557.		
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Amendment Section Division of Carporations P.O. Box 6327 Tallahassee, FL 32314

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Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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Department of State Division of Corporations Date: 08/13/2021

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: Bohemian Numbers Trading Inc. Requester: Achieve Order: 13351184 Articles of Amendment to Articles of Incorporation of

BOHEMIAN NUMBERS TRADING INC

P21000041567

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."

8. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address if applicable:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D. <u>If amending the registered spect and/or registered office address:
Name of New Registered Agem
(Florida street address)
Name of New Registered Agem
(Cop)
(</u>

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

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

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.



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:

<u>X</u> Change	PT Johr	1 Doz	
X Remove	<u>V Mik</u>	e Jones	
<u>X</u> Add	<u>SV Sailt</u>	<u>y Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	ALBAN, MARIA C	19712 DINNER KEY DRIVE
, <u> </u>			BOCA RATON, FL. 33-498
Remove	S	MARIA CAMPANA	19712 DINNER KEY DRIVE
2) Change X			BOCA RATON, FL 33498
Add Remove 3) Change			
Add			
Remove			
4) Change			•
Remove			, <u></u> , <u></u>
5) Change			
Add			
Remove			
6) Change Add			·····
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares.</u> provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	if other the	m tha
date this document was signed.		

Effective date if applicable:

(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)

(CHECK ONE:

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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

hr, ___

(voting group)

8/12/2021

Dated_____

Mara augi

(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) ALBAN, MARIA C

(Typed or printed name of person signing) SECRETARY

(Title of person signing)