P21000059793

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEMBHYLOAD	CORP	
DOCUMENT NUM	P21000050703	<u> </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MA JORGELINA BEMBHY		
		Name of Contact Person	n
	BEMBHYLOAD CORP		
		Firm/ Company	
	11200 BISCAYNE BLVD A	PT 448	
		Address	
	MIAMI, FL 33181		
		City/ State and Zip Cod	e
	Bembhyloadcorp@gamil.com		
	· · · · ·	sed for future annual report	The state of the s
	E-man address, (to be di	sed for future affilial report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MA JORGELINA BEMBHY		786	657 5701
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio 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

BEMBHYLOAD CORP		
(Name of Corporation	as currently filed with the Florida Dept. of State)	(S) (S) (T)
P21000059793		<u> </u>
(Document	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the follo	⊖-, wing amendme
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc." o "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name must con	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
**		
		·····
D. If amending the registered agent and/or registered	I office address in Florida, enter the name of the	
new registered agent and/or the new registered off	fice address:	
Name of New Registered Agent		
_ _	(Florida street address)	
New Registered Office Address:	, Florida	
New Negistered Office Address.		Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	im jamular wan una accept the obligations of the postito	<i>71</i> 1.

Signature of New Registered Agent, if changing

Check if applicable

 \Box 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, 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.

X Change	PT	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
T) X Change	VP	KEVIN A DEFELIPE	11200 BISCAYNE BLVD APT 44
Add			MIAMI, FL 33181
Remove	MGR	ANDRES JOSE M CETRANGOLO	11200 BISCAYNE BLVD APT 44
2) Change		AMARES JOSE, W CETTOMOGRO	· · ·
X Add			MIAMI, FL 33181
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional she	ets, if necessary).	ticles, enter chan (Be specific)				
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f an amendment pro provisions for imple	avides for an exci	<u>mange, reclassing</u> endment if not co	ation, or cancena ntained in the ar	nendment itself	:	
(if not applicable	e, indicate N/A)				-	
						
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	•	<u>a</u>

	NOVEMBER 1 2022		
The date of each amendment	· · · ·	, if other th	nan the
date this document was signed.			
1200	NOVEMBER 1, 2022		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed	as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and	shareholder	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	7.	20
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	ALL JESSEE, TÜBER	2002 1:6: 22
"The number of votes	cast for the amendment(s) was/were sufficient for approval	, `` ; ; ; ; ; ; ;	22
by		-	Militar
	(voting group)		Ξ,
			. (i3
	EMBER 8 2022	731	w
Dated			
	7,000		
Signature		_	
	y a director president or other officer – if directors or officers have not been leved, by an incorporator – if in the hands of a receiver, trustee, or other court		
	pointed induciary by that fiduciary)		
"			
	MA JORGELINA BEMBHY		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		