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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BSB USA IMPORT INC.				
DOCUMENT NUMBER: <u>P22000048108</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Yoselin Busacca Name of Contact Person				
B&B USA Import Inc. Firm/ Company				
6175 W 20Th Ave, Apt 311 Address				
Hialeah FL 33012				
City/ State and Zip Code				
y 05elin busacca Egmail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Yoselin Busacca at (786) 438-6866 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Articles of Amendment

to

Articles of Incorporation

of

<u> </u>		T .Lnc.			
· -		tly filed with the Florida I	Dept. of State)		
	<u> 000 48 10</u>				
(Do	cument Number	of Corporation (if known)			
Pursuant to the provisions of section 607, 1006, Figure 11 Articles of Incorporation:	rida Statutes, this	s Florida Profit Corporutio	m adopts the following	g amendment(s) to	
A. If amending name, enter the new name of the					
BBB Pro Staffing I name must be distinguishable and contain the word	NC.		und" and dea abbumintis	The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," I "chartered," "professional association," or the al	nc," or "Co".	A professional corporation	ea or me avoreviaus on name must contaŭ	r Corp 1 the word	
B. Enter new principal office address, if applica	ıble:	N/A	:7 5	7n	
(Principal office address MUST BE A STREET)	(DDRESS)		7 · 1 · 8 2 · 3 · 5 2 · 2 · 3	2) 22 5 - ************************************	
-			· · ·		
C. Enter new mailing address, if applicable:			2. G		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	<u> </u>		<u></u>	
			<u> </u>		
			,		
		· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and/or registered agent and/or the new register			name of the		
Name of New Registered Agent	N/A			_	
	(Florida s	treet address)		-	
New Registered Office Address:	N/A		, Florida		
	(City)		(Zip Code)		
St. D. Carlotte and Charles and Control of the Control	n	•••			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	it. – Lam familiai	u. · with and accept the obliga	utions of the position.		
	Ν/	' A			
	ianature of New	Registered Agent, if changi	ino	-	
.,	grante of sen	reguerearizem, y camp	ش. بن		

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.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
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		N/A	
Add			
Remove			
2) Change		N/ A	
Add			
Remove Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

•				
N/A				
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		<u></u>	<u>.</u>	
, <u> </u>				
amendment provides for an exchang	e reclassificatio	n, or cancellation	of issued shares,	
sions for implementing the amendn	ent if not contai	ned in the amen	lment itself:	
if not applicable, indicate NA)				
1 (4		<u></u> -		
N/A				
N/A				
N/A		·		
N/A				
N/A				

The date of each amendment(s) adoption:	(4/05/2023	, if other than the
date this document was signed.		
Effective date if applicable:O4 /	05/3023	
<u></u>	05/2025 (no more than 90 days after amendment file a	late)
Note: If the date inserted in this block does no document's effective date on the Department of	of meet the applicable statutory filing requires State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ncorporators, or board of directors without sho	reholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the pproval.	amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The foll group entitled to vote separately on the amena	owing statement Iment(s):
"The number of votes cast for the amer	dment(s) was/were sufficient for approval	
by(voti		
(voti	ng group)	
Dated04/05/2023_		
Signature	2 /	
Signature Gerelas	dent or officer - if directors or officers h	ave not been
selected by an inco	rporator – if in the hands of a receiver, trustee	, or other court
appointed fiduciary		
	Yoselin C. Busaran	
	YOSElin C BUSCICCI Typed or printed name of person signing)	
	President	
	Title of person signing)	