

P23000011048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

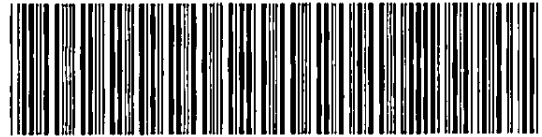
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

FILED
2023 APR 21 PM 3:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 APR 21 PM 2:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 24 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/21/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1142138

ORDER ENTITY

B.A.M. USA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

B.A.M. USA, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: B.A.M. USA, INC.

DOCUMENT NUMBER: P23000011048

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY J. BEHAR
Name of Contact Person
BEHAR LAW GROUP
Firm/ Company
888 SE THIRD AVE, SUITE 400
Address
FORT LAUDERDALE, FL 33316
City/ State and Zip Code
larry@c2lawyer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY J. BEHAR at (954) 444 9797
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 APR 21 PM 3:08

B.A.M. USA, INC.

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

P23000011048

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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 P/T 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, P/T as a Change, Mike Jones, V as Remove, and Sally Smith, S/V as an Add.

Example:

☒ Change P/T John Doe

☐ Remove V Mike Jones

☒ Add S/V Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PRES</u>	<u>JUAN ARCHAMBAULT</u>	<u>888 SE THIRD AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 400</u>
<input type="checkbox"/> Remove			<u>FT LAUDERDALE, FL 33316</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>UGO MOTILLO</u>	<u>888 SE THIRD AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 400</u>
<input type="checkbox"/> Remove			<u>FT LAUDERDALE, FL 33316</u>
3) <input type="checkbox"/> Change	<u>TREAS</u>	<u>BILLIE BEAUDOIN</u>	<u>888 SE THIRD AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 400</u>
<input type="checkbox"/> Remove			<u>FT LAUDERDALE, FL 33316</u>
4) <input type="checkbox"/> Change	<u>SEC</u>	<u>WENDY BLANCHET</u>	<u>888 SE THIRD AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 400</u>
<input type="checkbox"/> Remove			<u>FT LAUDERDALE, FL 33316</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the 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

by _____"
(voting group)

APRIL 21, 2023
Dated _____

Signature _____

(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)

LARRY J. BEHAR,

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)