## P9400000 3866

(Requestor's Name)				
(Address)				
(Address)				
(101100)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
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(10/23/2022

## **COVER LETTER**

TO: Amendment Section .

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: B.P. Designs, Inc.  DOCUMENT NUMBER: 7940000 38666					
DOCUMENT NUMBER: 79400003866					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  B.P. Designs Asc  Firm/Company  7830 N.W. 4 th St.  Address  Plantation Fl. 33224  City/State and Zip Code  DESIGNS bybl/y & MSN.com  E-mail address! (to be ased for future annual report notification)					
For further information concerning this matter, please call:					
William E Pizzella TR at (954) 2926717  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)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

of

B.P. Designs Inc			2022 J 25 1 0.50
		filed with the Florida Dept. o	of State)
P94000003866		Corporation (if known)	
	(Document Number of	Corporation (if known)	•
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:		
N/A	_		The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association." or the	""Inc," or "Co". A	ompany," or "incorporated" or professional corporation nam	the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		NA	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		K/P	
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered agent.	stered office address:	4	of the
Name of New Registered Agent (1)	1, LLIAM EP	122ella JR	
78	-30 NW 4 (Florida stree	St. St	
		el address)	1
New Registered Office Address: Pl	tration "	, , F City)	Clorida 333 24 (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		th and accept the obligations o	of the position.
× William	$\cap$		- 

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, and address of each Officer and/or Director being added:

'tAttach udditional 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 [	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Pizzella, B. 114	7830 NW 4th St Plantation Fl. 33324
Add		, ,	Plantation Fl. 33324
× Remove			
2) Change	<u>D</u> _	PIZZELLA, WILLIAME JI	
X Add			Plantation Fl 33324
Remove 3) Change	1	MICHAEL KUTTRUFF	TROON A ST. PLANTATION, FLORIDA 33330
X Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
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)
N/A
To the state of th
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

.

The date of each amendment(s) ad-	option:7/.1/22	, if other than the
date this document was signed.	•	
Effective date if applicable:	7/,/22	
Effective date <u>if approvative</u> .	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutor partment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of vificient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting geach voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by		
• ———	(voting group)	
selected	rector, president or other officer - if livec l. by an incorporator - if in the hands of a ed fiduciary by that fiduciary)	receiver, trustee, or other court
	(Typed or printed name of per	son signing)
	President 1 Dr (Title of person signing)	nector