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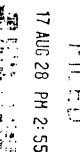


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AUG 3 0 2017



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: B.C.D. FLORIDA	ELECTRONICS CORPO	RATION	
DOCUMENT NUMB			· · · · · · · · · · · · · · · · · · ·	
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
I	BERENICE IPIA-FELICIAI	NO		
_		Name of Contact Person	n	
1	PRATS FERNANDEZ & CO	O., P.A.		
-		Firm' Company		
1	999 PONCE DE LEON BLA	, -		
-		Address		
,	CORAL GABLES, FL 3313			
-		City/ State and Zip Cod		
		City/ State and Zip Cod		
ADMI	N@PRATSFERNANDEZ.C	COM		
	E-mail address; (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea-	se call:		
BERENICE IPIA-FEL	ICIANO	305	444 8333	
Name o	f Contact Person	at (305) 444 8333 Area Code & Daytime Telephone Numbe		
Enclosed is a check for	the following amount made			
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations (Building Executive Center Circle	

Tallahassec, FL 32301

FILED 17 AUG 28 PH 2:55

Articles of Amendment to Articles of Incorporation of

B.C.D. FLORIDA ELECTRONICS CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P95000025910 (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: 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 projessional 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 Coder 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, it changing

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 un Add.

Example:

X Change	PT	John Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	Title	Name .	Address			
1) X Change	PT	JUAN A. MOLINARI	P.O. BOX 140970			
Add			CORAL GABLES, FL 33114			
Remove						
2) Change	VΡ	MARCELO PICAZOS	P.O. BOX 140970			
XAdd			CORAL GABLES, FL 33114			
Remove						
3) Change	8	NICOLAS A. MOLINARI	P.O. BOX 140970			
X Add			CORAL GABLES, FL 33114			
Remove						
4) Change						
Add						
Remove						
51 Change						
Add						
Remove						
б) Change						
Add						
Remove						
		Dura Luf I	- - -			

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nach additional	dding additional a sheets, if necessur	y). (Be specific)			
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f an ame <u>ndmen</u>	t provides for an	evehange, recla-	ssification, or can	cellation of issue	d shures,	
provisions for i	mplementing the cable, indicate N/	amendment if n	ot contained in th	e amendment its	<u>eif:</u>	
уу посарун	came, marcine to	.a.)				
<u></u>						
	-					
		-				
		- 				

The date of each amendment(s) adoption this document was signed.	otion:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will nature of State's records.	or be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffer	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appro must be separately provided for ea	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	twoning group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
OatedSignature	2 / - / 7	
selected,	by an incorporator – if in the heads of a receiver, trustee, or other court diductary by that fiductary)	
J	UAN A MOLINARI	
-	(Typed or printed name of person signing)	
P	PTDS	
	(Title of person signing)	

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