

| (Re | equestor's Name) | | |
|---|-------------------|-------------|--|
| (Ac | idress) | | |
| (Ac | ddress) | | |
| (Ci | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | usiness Entity Na | me) | |
| (Do | ocument Number) | , | |
| Certified Copies | _ Certificate: | s of Status | |
| Special Instructions to Filing Officer: | | | |
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JUN 10 2016 R. WHITE

COVER LETTER

| w | Amendment Section |
|---|--------------------------|
| | Division of Corporations |

| NAME OF CORPOR | ATION: BLL COMPUTER | ASSOCIATES, INC. | · |
|--------------------------|---|--|---|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are sui | omitted for filing. | |
| Please return all corres | pondence concerning this mat | ter to the following: | |
| | ROSS ZALKIND | | |
| , | | Name of Contact Person | |
| | ROSENFIELD & ZALKIND | , P.L. | |
| , | | Firm/ Company | |
| • | 2323 HOLLYWOOD BLVD | | |
| | | Address | |
| | HOLLYWOOD, FL 33020 | • | |
| | | City/ State and Zip Code |) |
| RZA: | LKIND@GLOBALAMERIC | ATITLE.COM | |
| | B-mail address: (to be us | ed for future annual report | notification) |
| For firstler information | n concerning this matter, pleas | Na nalli | |
| TO THINK HE STREET | a concerning marining proac | o can, | |
| ROSS ZALKIND | | at (954 | 620-1100 de & Daytime Telephone Number |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State; |
| 35 Filing Fco | □S43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is cuclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am Div P.O | iling Address endment Section sion of Corporations . Box 6327 ahassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

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TATE AHASSH PLUMBA

Articles of Amendment to Articles of Incorporation of

| BLL COMPUTER ASSOCIATES, INC. | |
|--|------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| P96000055765 | |
| (Document Number of Corporation (if known) | _ |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(sits Articles of Incorporation: |) to |
| A. If amouding 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: (Malling address MAY BE A POST OFFICE BOX) | ٠ |
| | |
| · | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address; | |
| Name of New Registered Agent | |
| | |
| (Florida street address) | |
| New Registered Office Address: , Plorida | |
| (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 | |

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 FST 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: XChange | <u>T4</u> | John Doe | |
|-------------------------------|-----------|-------------|--------------------------|
| X Remove | ¥ | Mike Jonus | |
| <u>X</u> Add | <u>27</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Address</u> |
| 1) Change | <u>v</u> | LANA BELL | 16051 COLLINS AVE, #3501 |
| X Add | | | SUNNY ISLES BEACH, FL |
| Remove | | | 33160 |
| 2)Change | | | |
| , Aḍd | | | |
| Remove | | | |
| 3) Change | - | | |
| Add | | | |
| Remove | | | |
| 4) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 5) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| | I sheets, if necessary, |). (Be specific) | | | If amending or adding additional Articles, enter change(s) here; Attach additional sheets, if necessary). (Be specific) | | | | |
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| provisions for i | nt provides for an ex implementing the an icuble, indicate N/A) | nendment if not c | ication, or cancelle contained in the an | ntion of isgued ghar rendment itself; | <u>es,</u> | | | | |
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| The date of each amendment(s) adoption: | , if other than th |
|--|--|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| 6 | o more than 90 days after amendment fils date) |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | nect the applicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC | K ONE) |
| The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | reholders. The number of votes east for the amendment(s) oval. |
| | archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendm | •• |
| by(voting | |
| (voting | group) |
| ☐ The amendment(s) was/were adopted by the boraction was not required. | and of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the inclusion was not required. | orporators without shereholder action and shareholder |
| MAY 24, 2016 | |
| Signature | |
| (Ry a director, proside selected, by an incorp appointed fiduciary by | 3' |
| LEON BELL | Leon Bell |
| (<u>T</u>) | ped or printed name of person signing) |
| PRESIDENT | |
| | (Title of person signing) |