P98000015162

(Re	equestor's Name)			
(Address)				
(Address)				
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
: 				

Office Use Only



200274609042

07/06/15--01045--026 **35.00



JUL 1 3 2015 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations 3M MANUFACTURING, INC. NAME OF CORPORATION: 1471 WINDJAMMER LOOP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BRIAN MOWERY** Name of Contact Person Firm/ Company 1471 WINDJAMMER LOOP Address LUTZ, FL. 33559 City/ State and Zip Code b.mowery.3m@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 956-0224 Brian Mowery 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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Malling Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tellahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Articles of A to Articles of In o	ecorporation Time				
3M MANUFACTURING, INC.					
(Name of Cornoration as current	tty filed with the Florida Dent. of State)				
P98000015	5162 第二十二				
(Document Number of	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) 18				
A. If amending name, enter the new name of the cornoration:	~; *				
BDH INDUSTRIES, INC.	The new				
name must be distinguishable and contain the word "corporatic "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association." or the abbreviation	on," "company," or "Incorporated" or the abbreviation "Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	1471 WINDJAMMER LOOP				
(Principal office address MUST BE A STREET ADDRESS)	LUTZ, FL. 33559				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LUTZ, FL. 33559				
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent					
(Florida si	treet 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	t: with and accept the obligations of the position.				
Signature of New i	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 = Proxident; Y = Vice Proxident; 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 Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Nome	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove	•		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
TALLED TO			
6) Change		_	
Add			
Remove			

[amending or adding additional Articles, enter change(s) here: Autoch additional sheets, if necessary). (Be specific)			
ки вышнопы зпекть, у песезвату).	(De specific)		
 			
	- · · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares. adment if not contained in the amendment itself.		
(if not applicable, indicate N/A)	totalent it not considered in the agreemment toett.		

ļ

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
7/1/2015 Effective date Canplicable:	
(no more than 90 days after an	nandment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be tisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	ecs cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting unust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(a) was/were sufficient for	r approval
by	,**
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharel action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholds action was not required.	er action and shareholder
Dated6/30/2015	
2: ~	
Signature	
(By a director, president or other officer - if directo	rs or officers have not been
selected, by an incorporator - if in the hands of a re	ceiver, trustee, or other court
appointed fiduciary by that fiduciary)	
BRIAN MOWERY	
(Typed or printed name of person	n signing)
PRESIDENT	
(Title of person circuit	ma\