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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: BOSCIVI	lle International Inc.
DOCUMENT NUMBER: P99 000	0085833
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Kenneth E	aston
Bagelville	International Inc.
P.O. Box	Firm/ Company 3054
Palm Bear	ch, FL 33480
Onestopfs E-mail address: (to be us	City/ State and Zip Code City/ State and Zip Code City/ State and Zip Code document of the code of
For further information concerning this matter, pleas	5/1 257-88/9
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment Articles of Incorporation

Bagelville International Inc.

Articles of Amendment
Articles of Incorporation
Bage ville International Inc. 199000858833
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 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

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 an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title V	Kenneth Satzman	2805 James River R West Palm Beach, FL 33411
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
Add			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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	//\/\/H
	Note of the state of the section of
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	/ 1/A
	NH
	/

The date of each amendment(s) a	$_{\text{dontion}}$ 307	12017	, if other than the
date this document was signed.		/	, it offer than the
Effective date if applicable:	3/27/	2017	
	(no morte i	than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D			ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders ufficient for approval.	s. The number of votes cast for the ar	mendment(s)
		ers through voting groups. The follow iled to vote separately on the amendm	
"The number of votes case	for the amendment(s) wa	as/were sufficient for approval	
by	(voting group)	."	
	(voting group)		
☐ The amendment(s) was/were ad action was not required.	opted by the board of dire	rectors without shareholder action and	shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporator	rs without shareholder action and shar	reholder
Dated 36	17/2017		
Dated	19		
Signature	Viroctor, provident or other	er officer – if directors or officers hav	
selecte	d, by an incorporator – if	f in the hands of a receiver, trustee, or	
appoir	ted fiduciary by that fidu	uciary)	
	<u>Konneth</u>	Easton	
	(Typed or pr	rinted name of person signing)	
	rreviden	<u> </u>	
		(Title of person signing)	