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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BLUMAQ CORPOR	ATION			
DOCUMENT NUMBER:	M51613				
The enclosed Articles of Amendm	ent and fee are submitted	for filing.			
Please return all correspondence co	oncerning this matter to the	he following:			
	GUILI	LERMO IGLESIAS	<b>S</b>		
	Name of Contact Person				
	BEST ACCOUNTING INC				
	Firm/ Company				
10200 NW 25th ST., Ste. # 209					
	Address				
	DORAI, FL. 33172-5922				
	City	State and Zip Cod	e		
	besta	ec8500@gmail.com	n		
E-mail	address: (to be used for f	uture annual report	notification)		
For further information concerning  Guillermo Iglesi	•	305	471-7545		
Name of Contact P	erson	at ( Area Co	) 471-7545 de & Daytime Telephone Number		
Enclosed is a check for the following					
_	ficate of Status Ce (Ad	3.75 Filing Fee & rtified Copy ditional copy is closed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion oorations	Amenc Division The C	Address Iment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

		Articles of Incorporati
		of
BLUMAQ CORP	ORATION	
	(Name of Corpo	ration as currently filed w
M51612		

ith the Florida Dept. of State) M51613 (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 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 (Citv) (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

Check if applicable

<sup>☐</sup> 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:

(Attach additional sheets, if necessary)

Evample:

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	<u>PT</u>	John Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally South			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	Т	ANA IRIS ALCANTARA	7859 NW 99th STREET		
Add			HIALEAH GARDENS, FL. 33010		
X Remove					
2) Change		MASSIEL ORTEGA	7859 NW 99th STREET		
X Add			HIALEAH GARDENS, FL. 33010		
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>	<u></u>			
Add					
Remove					
6) Change					
Add					
Remove					

If amending or add (Attach additional sh	eets, if necessary).	(Be specific)	<u>-131 nere</u> .			
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f an amendment pi	ovides for an exch	ange, reclassific <u>a</u>	tion, or cancellat	tion of issued sh	ares,	
provisions for impl	lementing the ame	ndment if not con	tained in the am	endment itself:		
N/A	,,					
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75.4						
				,		

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this bidocument's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of ve fficient for approval.	otes east for the amendment(s)
	roved by the shareholders through voting greach voting group entitled to vote separately	
"The number of votes east	for the amendment(s) was/were sufficient fo	r approval
by		
	(voting group)	
June 1st, Dated	2021	4
Signature		
selected	rector, president or other officer – if director, by an incorporator in high the hands of a red fiduciary by that fiduciary)  VICENTY CALLESTER  (Typed or proved hams of person	ceiver, trustee, or other court
	(Title of person signing)	