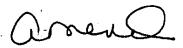
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(Re	equestor's Name	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PiCK-UP	MAIT	MAIL
(Bu	usiness Entity Na	ime)
(Do	ocument Number	7) .
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Blue Foundation	on Inc.	
DOCUMENT NU	MBER:		
The enclosed Artic	cles of Amendment and fee are sub	nitted for filing.	
Please return all co		Ollie Blue Contact Person)	: ····································
, ,	(Firm/	(Company)	
<u> </u>		mma Street	
-	(City/ State	each, FL 32114 e and Zip Code) Oction: Tor future annual report notification	on) .
	ation concerning this matter, please Ms. Ollie Blue	396 750 0441	
(Na	me of Contact Person) k for the following amount made pa	(Area Code & Daytime	•
\$35 Filing Fee	☐ \$43.75 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
D P.	nailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center 6	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2010 JUL 16 PM 1 26

Blue Foundation I	nc.	SECRETARY OF STATE
(Name of Corporation as curre	ntly filed with the Florida	Departor State
(Decument Num	ber of Corporation (if know	
(Document Num	iber of Corporation (if know	νII)
rsuant to the provisions of section 617.1006, e following amendment(s) to its Articles of Inc.		da Not For Profit Corporation adop
If amending name, enter the new name of	the corporation:	
		£
breviation "Corp." or "Inc." <u>"Company" or</u> Enter new principal office address, if apple rincipal office address <u>MUST BE A STREE</u>	licable:	ane nume.
	,	
-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
If amending the registered agent and/or r	egistered office address i	Florida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:	-5 s	
New Registered Office Address:	(Florida street a	ddress)
		, Florida
•	(City)	(Zip Code)
		, •
ew Registered Agent's Signature, if changing the reby accept the appointment as registered sition.		ith and accept the obligations of
· · · · · · · · · · · · · · · · · · ·	imature of New Registeres	d 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) Name Title . Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code

The date of each amendment(s	s) adoption:
	(date of adoption is required)
Effective date if applicable:	;
inger og det er	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro-	e adopted by the members and the number of votes cast for the amendment(s) oval.
	embers entitled to vote on the amendment(s). The amendment(s) was/were
- adopted by the board of dire	ctors.
Dated 07	7/12/10
-Dated	
Signature	(Mes) AT Blue
	he chairman or vice chairman of the board, president or other officer-if directors
have	not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	court appointed fiduciary by that fiduciary)
water and the second se	OW: DI
	Ollie Blue
	(Typed or printed name of person signing)
	C.E.O. and Board Chairman
	C.E.O. and Board Chairman
	(Title of person signing)