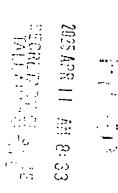
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Blue Lagoon Group   ON:	Home Inc				
DOCUMENT NUMBER:	N13000002377					
The enclosed Articles of An						
-		-				
Please return all correspond	ence concerning this matte	er to the following:				
Eugenia Santana						
		(Name of Contact Perso	n)			
	(fagis	Sculary.  (Firm/Company)				
(	<del></del>	(Firm/ Company)				
21100 NW 28th CT						
		(Address)				<u>;</u>
Miami Gardens FL 33056					FORE T	
		(City/ State and Zip Cod	le)			<u>-</u> !
bluelagoongrouphome@yal	noo.com					<del>24</del> 32 CO
	E-mail address: (to be used	for future annual report	notification	1)		<u>ر</u> ي دي
For further information con-	cerning this matter, please	call:			111	ယ
Eugenia Santana		30 at	5	301-5807		
	(Name of Contact Person)		rea Code)	(Daytime Tele	phone Numb	oer)
Enclosed is a check for the	following amount made pa	yable to the Florida Dep	artment of	State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is esed)		
Mailing A			Address			
Amendment Section Division of Corporations			dment Secti on of Corpo	=		
P.O. Box	•		_	allahassee		
	ee. FL 32314			Street, Suite 8	810	

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

Blue Lagoon Group Home Inc		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N13000002377		
(Document Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
Blue Lagoon E&C Inc		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporat	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u> )	S 20
		70 S
		APR
C. Enter new mailing address, if applicable:	N/A	12 = 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		3 Th
		: ම යිසි ල 
D. If amending the registered agent and/or registered of		a, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: N/A	· · ·	
		Florida street address)
New Registered Office Address:		
N/A		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am f		ot the obligations of the position.
	N/A.	
	Signature of New Regi	stered 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 X Remove X Add	PT         John I           V         Mike .           SV         Sally .	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>v</u>	Carlos I Brito Jr	21100 NW 28th CT Miami Gardens, FL 33056
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			<del></del>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
N/A			
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	NU.		
The date of each amendment(s) adoption:	N/A		if other than th
date this document was signed.			
N/A			
Effective date if applicable:			
(no	more than 90 days after amen	ndment file date)	
Note: If the date inserted in this block does redocument's effective date on the Department	ot meet the applicable statutor of State's records.	y filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number	of votes cast for the amendment(s)	

adopted by the board of directors.

Dated

Signature

(By the 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 other court appointed fiduciary by that fiduciary)

Eugenia Santana

(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were