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Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Status Certificate of Status Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section	TO: Amendment Section Division of Corporations
The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: MATALYA GRINBERG (Name of Contact Gerson) BLUE Ocean THEATER Studio Inc (Firm/ Company) 19500 TURNBERRY WAY, Apr. 25AB Aven TURA, FL 33180 (City/ State and Zip Code) WATASHAGR GYALTOO.COM E-mail address: (to be used for future aprilial report notification) For further information concerning this matter, please call: MATALYA GRINBERGY (Name of Contact Grison) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certificate Opy (Additional Copy is enclosed) Mailing Address Amendment Section Contact Grison Contact Grison Contact Grison Certificate of Status Certificate Opy (Additional Copy is Enclosed) Contact Grison Contact Grison Certificate of Status Certificate Opy (Additional Copy is Enclosed) Contact Grison Certificate Opy (Additional Copy is Enclosed) Certificate of Status Certificate Opy (Additional Copy is Enclosed) Certificate Opy (Additional Copy is Enclosed) Certificate Opy (Additional Copy is Enclosed) Certificate Opy (Additional Section Certificate Opy (Additional Section Certificate Opt (A	NAME OF CORPORATION: BLUE DECAN THEATER Studio Inc
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Aven fur a , F L 33180 (City/ State and Zip Code) WATASHAGR WA JHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATALYA GRANGERY (Name of Contact Verson) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed) Mailing Address Amendment Section Street Address Amendment Section	(Firm/ Company)
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City/ State and Zip Code WATASHAGR	(Hazirea)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATALYA GAINBERG at 609 (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section	aventura, FL 33180
For further information concerning this matter, please call: MATALYA GRINB-LR	(City/ State and Zip Code)
MATALYA GRINBERG (Name of Contact Person) (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: (S35 Filing Fee S43.75 Filing Fee & U\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional Copy (Additional Copy is enclosed) (Additional Copy is Enclosed) (Additional Copy is Enclosed) (Mailing Address Amendment Section	NATASHAGR & VA 1400.Com E-mail address: (to be used for future annual report notification)
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S35 Filing Fee	(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) Certified Copy (Additional Copy is Enclosed) Mailing Address Amendment Section Certified Copy (Additional Copy is Enclosed)	Enclosed is a check for the following amount made payable to the Florida Department of State:
Amendment Section Amendment Section	Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is
	Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tailahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

/ (1)

Blue Ocean THEATE	er Studi	O INCILED
(Name of Corporation as currently filed with the Fl	orida Dept, of State)	2024 APR 16 PM 1: 26
N 1900 000	4509	1: 26
(Document	Number of Corporation (f known) STITE
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
1/	/A	The new
name must be distinguishable and contain the word of Company or "Co." may not be used in the name. B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	n/4	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. D. If amending the registered agent and/or register new registered agent and/or the new registered agent.)	red office address in Flor	ida, enter the name of the
Name of New Registered Agent:	n/A	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	(Florida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ept the obligations of the position.
	Signature of New Re	gistered 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 V SV	John Doc Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1)ChangeAdd	D	TATIANA	Germanous,	ky 3770 NE 176+ strat a North Mani Beach, Fo	17.202 133160
Remove 2) Change Add	<u>D</u>	<u>Nadia Ru</u>	Benkov	1890 S. Ocean De api Hallandale Beach, Fo	-,80/ :,33009
Remove 3) Remove Add Remove					- -
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Remove					_
5) Change Add		_	····		-
Remove					
6) Change Add					-
Remove					
E. <u>If amending or adding</u> (attach additional shee		onal Articles, enter changessary). (Be specific)	ze(s) here:		
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		<u>,</u> 			-
-					-

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The date of each amendment(s) adoption: $\frac{4/2/2024}{2024}$, if other than the date this document was signed. Effective date if applicable: $\frac{4/10/2024}{1000000000000000000000000000000000000$
date this document was signed.
Effective date if applicable: // / XVZ 7 Ino more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	111-12-011
Date	A Structure
Sign	(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)
	MATALYA SRIPBERG (Typed or printed name of person stening)
	(Typed or printed name of person of pining) President