N21000000950

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

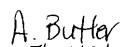
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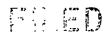
TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Blue Marlin Care			
	N21000000950			
DOCUMENT NUMBER:	<u> </u>			
The enclosed Articles of An	nendment and fee are sub-	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Charles Paulsen				
•		(Name of Contact Pers	son)	
Blue Mariin Care				
		(Firm/ Company)		
630 Cone Park Court				
<u> </u>		(Address)		·
Merritt Island, FL, 32952				
		(City/ State and Zip Co	ode)	
info@hindscpa.com				
	mail address: (to be used	for future annual repor	rt notification	1)
For further information conc	erning this matter, please	call:		
Charles Paulsen			321	432-8455
	(Name of Contact Person) (.	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	yable to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Stree	t Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



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Dept. of State)	- 2021 11/11 10 11:10 00
	SECKLIAM, OF STATE
er of Corporation (if known) ALLAMASSEE, FL
es, this <i>Florida No</i> .	For Profit Corporation adopts the following
<u>ion:</u>	
	The new
tion" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
N/A	
)	
N/A	
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_	
	ide enter the name of the
	ida, enter the name or the
<u></u> _	(Florida street address)
	, Florida
(City)	(Zip Code)
Agent:	
miliar with and acc	ept the obligations of the position.
onature of New Re	gistered Agent, if changing
	es, this Florida Notion: tion" or "incorpora N/A N/A N/A Ce address in Floriddress: (City) Agent: miliar with and acc

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	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change Add			
E. If amending or addin (attach additional shee)		onal Articles, enter change(s) bere: ssary). (Be specific)	
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The date of each amendment(s) adop date this document was signed.	tion:				_, if other than the
Effective date if applicable:	(no more than 90 d				
	(no more than 90 d	lays after amendm	ent file date)		
<u>Note:</u> If the date inserted in this block document's effective date on the Depart			ling requirements. t	his date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members ar	d the number of v	otes cast for the am	endment(s)	

174	$\frac{3-11-21}{100}$
	nature
	(By the chairman or vice chairman of the board, president or other officer-if directe have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that tiduciary)
	Charles Paulsen
	(Typed or printed name of person signing)

(Title of person signing)