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TALL ARLESSEE. FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: G. SAN	SONIES, INC.	
DOCUMENT NUMBER: <u>POZOOC</u>	0109554	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
GLAD	Name of Contact Person	
(s. 5 M)	Firm/ Company	
22AZ 81FI	AFOAS DOVE	2024 H
WESLEY	CHAPEL FL 33543 25 City/ State and Zip Code	AR 22
	ano 1@ qwail. com e used for future annual report notification)	2024 HAR 22 PM 1: 38
E-mail address: (to be	e used for future annual report notification)	38
For further information concerning this matter, p	please call:	
CLADYS C. SANHONDE Name of Contact Person	at (786) 4897363 Area Code & Davrime Telephone Number	_
Enclosed is a check for the following amount ma	, , ,	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing Fee & □\$52.50 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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

G. SANTANDER SO		
(Name of Corporation as current	O C. C. A	of State)
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	•	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
BLUE TECHNOLOGIES, INC.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation na-	or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		202 SE
C. Veter som mellier address (Co., Veter		100 B 171
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		27 70 11188
		min H
D. If amending the registered agent and/or registered office add		e of the
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations	of the position.
Signature of New I	Registered Agent, if changing	
Check if applicable ☐ 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			SECRE TALLAR
Add			1 22 T
Remove			SSEE S
4) Change			
Add			8
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Be specific)	here:				
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	nge, reclassification	nge, reclassification, or cancellation	ege, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	SECRETARY SOCIAL STATES OF THE	SECRETARY OF STAIL MAN 22 PH 1: 38 SECRETARY OF STAIL MAN SEE FLAT age, reclassification, or cancellation of issued shares.

The date of each amendment(s) date this document was signed.	adoption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	sproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by CLADUS	(voting group)
Dated MC	DCH 22 2024
Signature	Show Cally My M
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court the need fiduciary by that fiduciary)
"ppoi	To N
	GROUS C. SANTANDER SO 7
	(Typed or printed name of person signing)
	PRESIDENT PA 38
	(Title of person signing)