

P04000166176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

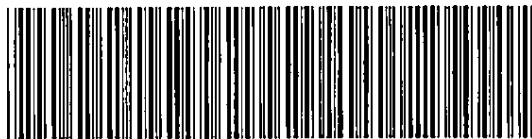
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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ML



AMIN LAW OFFICES, LTD.

1900 E. Golf Road, Suite 1120
Schaumburg, IL 60173
Phone 847.230.0076 | Fax 847.232.9303
www.aminesq.com

Jayal Amin
JL@aminesq.com

Tuesday, May 02, 2023

Via US Mail

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

Re: Articles of Amendment
BLUENET TECHNOLOGIES, INC.
Document No. P04000166176

Dear Sir or Madam:

Please find enclosed the Articles of Amendment for BLUENET TECHNOLOGIES, INC. submitted in duplicate to be filed. Also enclosed is a check in the amount of \$52.50 to cover the required fees required for filing (\$35.00), certified copy (\$8.75) and certificate of status (\$8.75).

Please return the filed Articles of Amendment to the address on this letterhead. If you have any questions or concerns, please do not hesitate to call me at the phone number on this letterhead.

Very Truly Yours,

AMIN LAW OFFICES, LTD.

Jayal Amin

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLUENET TECHNOLOGIES, INC.

DOCUMENT NUMBER: P04000166176

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAYAL AMIN
Name of Contact Person
AMIN LAW OFFICES, LTD.
Firm/ Company
1900 E. GOLF RD - SUITE 1120
Address
SCHAUMBURG, IL 60173
City/ State and Zip Code
JL@AMINESQ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAYAL AMIN at (847) 361-7684
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:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

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

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TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

BLUENET TECHNOLOGIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000166176

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

550 North Reo Street Suite #304 Tampa FL 33609

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

550 North Reo Street Suite #304 Tampa FL 33609

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--------------------------------------------|-------------|--------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change | <u>D, P</u> | <u>Ramineni, Praveen</u> | <u>32 N Acacia Drive</u> |
| <input type="checkbox"/> Add | | | <u>Hawthorne Woods, IL 60047</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>D, S</u> | <u>Koca, Kerem</u> | <u>835 Bayshore Blvd</u> |
| <input type="checkbox"/> Add | | | <u>Tampa, FL 33606</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>P</u> | <u>Ozturk, Hilmi</u> | <u>3307 W Knights Avenue</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Tampa, FL 33611</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>S</u> | <u>Tutak, Sukru</u> | <u>4206 W Zelar Street</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Tampa, FL 33629</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

December 31, 2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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)

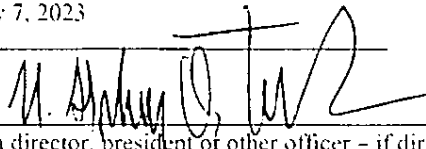
- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated February 7, 2023

Signature


(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HILMI OZTURK

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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