

P0400016676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

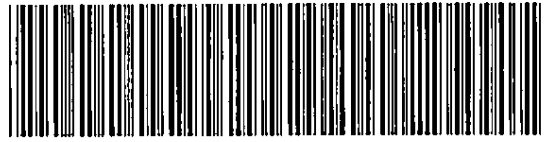
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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 registration 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)

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 TALLAHASSEE, FL

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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

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

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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)

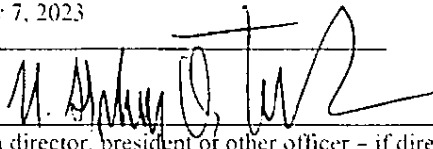
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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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