## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number .: (561)694~1639

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## BLUE BAY 2006, INC.

Certificate of Status	0
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.06/12/2009 12:59 5616941639

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FILED **Articles of Amendment** 

to Articles of Incorporation of

2009 JUN 12 PM 2: 36 SECRETAR

	OI.	TALL AHARY OF STATE
Blue B	ay 2006, Inc.	TALLAHASSEE, FLORIDA
(Name of Corporation as curre	ntly filed with the Florida Dep	t, of State)
P090	000005418	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	i, Florida Statutes, this Florida	Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and cantain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if appl	icable:	
(Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
D. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in Fior tered office address:	ida, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Florida street address	5)
		, Florida
<del>-</del>	(City)	(Zip Code)
		• •
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	<u>a Revistered Agent:</u> cent. I am familiar with and acc	cept the obligations of the position.
Si	gnature of New Registered Agen	i, if changing

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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; (Auach additional sheets, if necessary)

<u>Title</u>	Name	Address.	Type of Action
Director	Matilde Karina Grobocopate	1000 Brickell Avenue Suite 215 Miaml, FL 33131	Add  Remove
<del></del> -			
<del></del>			
E. If amend (attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec	r champe(s) hore: ific)	
F. If an am	endment provides for an exchange, rec	lassification, or cancellation	of issued shares,
provision (if no	ns for implementing the amendment if applicable, indicate N/A)	not contained in the amends	nent itself:
	· · ·		

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WING ALL JAN 18 WALLS	06/10/2009	(date of ado	ption is required)	
Effective date <u>if applicable</u> :		0 days after an	nendmeni file date)	
Adoption of Amendment(s)	(CH	ECK ONE)		
The amendment(s) was/wo by the shareholders was/we	re adopted by the are sufficient for s	shareholders. pproval.	The number of votes	cast for the amendment(s
The amendment(s) was/we must be separately provide	e approved by the differ each voting	e sharcholders group antitled	through voting group to vote separately or	ps. The following statement the amendment(s):
"The number of votes	east for the amend	lmeni(s) was/w	vere sufficient for ap	proval
by	(voting group)			
✓ The amendment(s) was/wer action was not required.	e adopted by the	board of direct	ors without sharehol	der action and shareholder
The emendment(s) was/wen action was not required.	e adopted by the i	ncorporators w	rithout shareholder e	ction and shareholder
Dated_X	06-A-	2009	- \_	•
(By a	director preside	nt of other offi	cer - if directors or o	officers have not been
uppo:	nted fiduciary by	that fiduciary)	) e nunga ot a legelaer	, tideres, of other court
	X JUAN (Type	d CARLS	ME OF PERSON SIGNING	CHE_
	v	0		