P09000082768

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N. N. MARTE

COVER LETTER

TO: Amendment Section Division of Corporations		:
NAME OF CORPORATION: BLUEONE CONSU	LTANTS INC	
DOCUMENT NUMBER: P09000082768		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
DIANA MARQUEZ		
	Name of Contact Person	
BLUEONE CONSULTANTS	INC	
	Firm/ Company	
4417 13TH ST SUITE 626		
	Address	
ST CLOUD, FL 34769		
	City/ State and Zip Code	
INFO@BLUEONECONSUL	TANTS.COM	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
DIANA MARQUEZ	at (<u>321</u>	442-7972
Name of Contact Person	at (321) 442-7972 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

BLUEONE CONSULTANTS INC		<u> </u>	
(Name o	Corporation as current	ly filed with the Florida Dep	ite of State). 26
P09000082768			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation a	idopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp, " "Inc, " or "Co .	A projessional corporation	or the abbreviation "Corp.," name must contain the word
		4417 13TH ST	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE 626	
		ST CLOUD, FL 34769	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4417 13TH ST	
		SUITE 626	
		ST CLOUD, FL 34769	
D. If amending the registered agent ar new registered agent and/or the new	nd/or registered office ad w registered office addre	dress in Florida, enter the n ss:	ame of the
Name of New Registered Agent			
	4417 13TH ST SUITE 63	26	
	(Florida s	street address)	<u> </u>
New Registered Office Address:	ST CLOUD		, Florida
New Registered Office Agaress.		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Age:	nt:	
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligati	ons of the position.
•			
	Signature of New	Registered Agent, if changing	g
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1	1) (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	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	P	DIANA MARQUEZ	4417 13TH ST
1) X Change			SUITE 626
Add			ST CLOUD, FL 34769
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	
. If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the au (if not applicable, indicate N/A)	mendment if not contained in the university
(у пот аррисате, таких гот)	'

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
hv
by
04/01/2020
Dated
Signature Olana Manquez
(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)
DIANA MARQUEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)