Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BLUE CAPITAL MANAGEMENT, INC.

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COVER LETTER

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he following amount made p	payable to the Florida Depa	ertment of State;			
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	Division of Corporations				
ox 6327 assee, FL 32314		xecutive Center Circle			
	P13000066815 TAmendment and fee are subondence concerning this made and subondence concerning this made and subondence concerning this matter, please conc	BLUE CAPITAL MANAGEMENT, INC. P13000066815 TAmendment and fee are submitted for filing. Indended concerning this matter to the following: Bruna Barbosa, Esq. Name of Contact Person Barbosa Legal Firm/ Company 407 Lincoln Road PH-NE Address Miami Beach, FL 33139 City/ State and Zip Cod BBARBOSA@BARBOSALEGAL.CO. E-mail address: (to be used for future annual report concerning this matter, please call: at (305 Contact Person Area Co the following amount made payable to the Florida Depath of the following annual made payable to the Florida Depath of the following amount made payable to the Florida Depath of the fol			

Tallahassee, FL 32301

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Articles of Amendment Articles of Incorporation of

	BLUE CAPITAL MANAC	GEMENT, INC.	
(Name	of Corporation as current	tly filed with the Florida Dept, of State)	
	P13000066815		
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Floridu Profit Corporation adopts the following	emendrigat(s) to
A. Hamending name, enter the new n	ume of the corporation:	Ş	
N/A			5.70 5
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abi "Co". A professional corporation name must ct "P.A."	the new breviations of the serial in the ser
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A	Series Co.
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	N/A Press in Florida, enter the name of the	
new registered agent and/or the new	v registered office addres	<u>5:</u>	
Name of New Registered Agent	N/A		
	(Florida st	reet uddress)	
New Registered Office Address:	N/A	. Florida	
		(City) (Zip Co	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I um familiar	t <u>:</u> with and accept the obligations of the position.	
	Signature of New I	Registered Agent, 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;

(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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	VPSD	Andrea Moura Neves De Castro	700 Lake Road
Add			Miami, FL 33137
X Remove			
2) Change	S	Andrea Moura Neves De Castro	700 Lake Road
			Miami, FL 33137
X Remove			
3)Change			
Add		,	
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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	nding or adding a additional sheets, i	if necessary).	(Be specific)	GTV-1-TT			
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nrovis	mendment provide sions for implemen	tine the amen	dment if not c	canon, or can ontained in th	cenation of issu e amendment it	ea snares, self:	
(1)	f not applicable, inc	dicate N/A)					
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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 a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
December 14th, 2015 Dated	
Signature /s/ Bruna Barbosa	
(By adirector, 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)	-
Bruna Barbosa	
(Typed or printed name of person signing)	
Incorporator	
(Title of person signing)	

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