P14000002134

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1-27-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

BLUEWATER COSMETICS, INC.

DOCUMENT NUMBER:

P14000002134

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

Please return all correspondence concerning this matter to the following:

MICHAEL S. ALEXANDER

Name of Contact Person

BLUEWATER COSMETICS, INC.

Firm/ Company

12078 SW BENNINGTON CIRCLE

Address

PORT ST. LUCIE, FL 34987

City/ State and Zip Code

M.S.Alexander88@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ALEXANDER

, **56**1

410-0218

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BLUEWATER COSMETICS, INC.

(Name of Corporation as currently filed to	ith the Florida Dept. of State)
P14000002134	20 12
(Document Number of Cor	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ation:
N/A	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abb	orporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12078 SW BENNINGTON CIRCLE
(Principal office address <u>MUST BE A STREET ADDRES</u>	PORT ST. LUCIE, FL 34987
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12078 SW BENNINGTON CIRCLE
	PORT ST. LUCIE, FL 34987
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature of New R	gistered Agent, if changing

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.

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		Name	Address		
1) Change		<u></u>				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change	, , , , , , , , , , , , , , , , , , , 	_				
Add						
Remove						
4) Change						
Add		_				
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						
i i kemove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
	, , , , , , , , , , , , , , , , , , , ,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_01/22/20	015	
Signature	Michel flo	
selected	rector, president or other officer – if directors or officers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MICHAEL S. ALEXANDER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	