P14000043928

(Re	equestor's Name)			
(Ac	ddress)			
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(В	usiness Entity Nar	me)		
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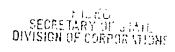
(.V.)/1/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blu Star I DOCUMENT NUMBER: P14000043		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
hatdiel acosta		
Blu Star Insura		n
1719 W Sligh	Firm/ Company	
Tampa FL 336		
aa@istarexpress. E-mail address: (to be us	City/ State and Zip Cod COM sed for future annual report	
For further information concerning this matter, please	se call:	
hatdiel acosta		, 506-9765
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 APR 16 PM 2: 54

Blu Star Insurance Inc	10 ALK 10 (1) 2: 34
(Name of Corporation as currently filed with the Florida P14000043928	Dept. of State)
(Document Number of Corporation (if know	1)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Midwest Insurance Group Inc	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", , word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street addr	(ess)
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. Vam familiar with and Agenture of New Registered Agent. i	

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 (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
Kemove			
5) Change			
Add			
Remove			
6) Change	****		
Add		· ······	-
Remove			

E. <u>1</u> (/	f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	cles, enter change((Be specific)	s) here:		
	<u> </u>				
		-			
	··				
F. <u>I</u>	f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati ndment if not cont	on, or cancellation	of issued shares, Iment itself:	
			 		
					
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 04/09/2015 CORPORATIONS if other than the date this document was signed. 15 APR 16 PM 2:55 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (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. Dated 04/09/15 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) Hatdiel Acosta (Typed or printed name of person signing) President

(Title of person signing)