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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:						
NAME OF CORPOR	P1400063152		• • • • • • • • • • • • • • • • • • • •			
DOCUMENT NUMI	BER:					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	EDUARDO UELTSCHI					
		Name of Contact Person	1			
	UELTSCHI AND CO					
	Firm/ Company 32 S OSPREY AVE, STE 101					
	Address					
	SARASOTA, FL 34236					
City/ State and Zip Code						
RAG	UELTSCHLCO					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Eduardo Ueltschi		941	549-8549			
Name	of Contact Person	at (de & Daytime Telephone Number			
Name	of Collact Person	Alca Co	de & 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		Street Address				
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BLU KOUZINA INC

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P14000063152	urrently filed with the Florida Dept. of State)
	ımber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	cs. this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
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 a new registered agent and/or the new registered office a	
Name of New Registered Agent	
New Registered Office Address:	orida street address)
TOP REQUIETER STRUCTHINGS.	(City) (Zip Gode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	I Agent:
Signature o	of New Registered 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.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) × Change	CEO	EFFROSYNLLORANDOU	67 THE VISION, WEST COAST CRESENT		
Add			SINGAPORE 1287059		
Remove					
2) Change	COO	THEODOROS KONFOGIORGOS	170 ROOSEVELT DR, APT 3		
Z Add			SARASOTA, FL 34236		
Remove					
3.) Change					
Add					
Remove					
4)Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	_				
Remove					

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
 	
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у пол аррасате, такае (чт.)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (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, document's effective date on the Department of State's records.	this date will 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 amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated	
Signature	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
THEODORDS KOUFOGIORGOS	
(Typed or printed name of person signing)	
CHIEF OFERATING OFFICER	
(Title of person signing)	