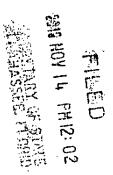
## P16000002005

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BLUARTVISIO	on, INC.					
DOCUMENT NUMBER: P16000002005						
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this r	natter to the following:					
GABRIEL ORENGO						
	Name of Contact Person					
BLUARTVISION, INC.						
	Firm/ Company					
P.O. BOX 148						
	Address .					
BONITA SPRINGS, FLO	RIDA 34133-0148					
	City/ State and Zip Code					
BLUARTVISION@GMAIL.CO	PM					
E-mail address: (to be	used for future annual report notification)					
For further information concerning this matter, ple						
GABRIEL ORENGO	at (239 <u>822-6315</u>					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:					
\$35 Filing Fee & Certificate of Status						
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 to Articles of Incorporation of

BLUARTVISION, INC.			
( <u>Name</u>	of Corporation as curren	tly filed with the Florida D	Dept. of State)
P16000002005			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	nation "Corp," "Inc," or	"Co". A professional corp	orporated" or the abbreviation
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S	TREET ADDRESS )		<b>3</b> 5 10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 148	12 DE 10 DE
		BONITA SPRINGS, F	LORIDA 34133-0148
D. If amending the registered agent at	nd/or registered office ad	dress in Florida, enter the	name of the
new registered agent and/or the ne			
Name of New Registered Agent N/A			
	(Florida :	street address)	
Name Productional Office Address	N/A		, Florida N/A
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			tions of the position
Thereo, accept the appointment as regu	ici ca agem. Tam jumita	and decept the obliga	iionii oj iiio positioni
		/.	
		N/A	
	Signature of New	Registered Agent, if changi	ng

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) N/A Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change				
Add		,		
Remove				
3 ) Change		_		
Add			·	
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	ge(s) here:
ARTICLE III	
EEP TEXT: "ANY AND ALL LAWFUL BUSINESS."	
EMOVE TEXT: "HOLDING AND LICENSING CORPO	RATION FOR TRADEMARKS AND COPYRIGHTS OF
ARCHITECTURAL WORKS."	
And the second s	
I I Community of the co	sation are consollation of issued shows
<ul> <li>If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co</li> </ul>	ontained in the amendment itself:
(if not applicable, indicate N/A) N/A	
	M. The strategy
	. <u> </u>

	NOVEMBER 8, 2016	
The date of each amendment date this document was signed		, if other than the
'	NOVEMBER 8, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date we ne Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad 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)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
NOV Dated	ERMBER 8, 2016	
Signature	Time they	
(E	by a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	GABRIEL ORENGO	
	(Typed or printed name of person signing)	·
	PRESIDENT	

(Title of person signing)