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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BLUE TECH WA	TER RESTAURATION CORP			
DOCUMENT NUMBE					
	*Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
		MARIA R HERNANDEZ			
«		Name of Contact Person			
	CHARITOS SERVICE INC				
	Firm/ Company				
	8600 NW SOUTH RIVER DRIVE STE 118				
	Address				
	MEDLEY FLORIDA 33166				
		City/ State and Zip Code			
	ı	CHARITOSERV@YAHOO.COM			
		sed for future annual report notification)			
For further information of MARIA R HERNANDI	concerning this matter, pleaseZ				
Name of Contact Person		at (786) 484-6202 Area Code & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 to Articles of Incorporation

BLUE TECH WATER RESTAURATION CORP

(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)			
F	P16000084065				
(Document Nurr	nber of Corporation (if known)				_
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporatio</i>	on adopts the followi	ng amen	dment(s)
A. If amending name, enter the new name of the corporation	<u>on:</u>				
BLUE TECH WATER RES	STORATION CORP	./	$T_{l_{1}\varrho}$	124/10	
name must be distinguishable and contain the word "corpe "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.' word "chartered," "professional association," or the abbrevia	" or "Co". A professional coi	orporated" or the corporation name must	rne abbrevia t-contain	ition the	
B. Enter new principal office address, if applicable:	N/A				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)					
	 -		700		
		f	三子:: ' 三字:: '	7	
C. Enter new mailing address, if applicable:		<u>.</u> 5		E -	Т
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			22년 임숙(1	0	-
			**:	Ī	7
			보신. : 크린 :		
D. If amending the registered agent and/or registered office		Ę4) Š		 	
new registered agent and/or the new registered office ad		name of the	- (.23	
Name of New Registered Agent N/A					
The state of the s	·		_		
(Flori	ida street address)		_		
New Registered Office Address:		, Florida			
The Magnifer of Office Marciss.	(City)		Code)		
New Best desirable (A. C.)					
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	\gent: viliar with and accept the obliga	tions of the position.			
	,	v 1			
Signature of A	New Registered Agent, if changi		_		
aignature of r	ледыстен мдені, <i>і</i> ј спапді	ug			

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
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				
5) Change		_		
Add				to the constraint
Remove				
6) Change				- LANTE C
Add				
Remove				

E If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
19//	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

01/01/2017	
The date of each amendment(s) adoption:	, if other than th
o1/01/2017	
Effective date if applicable:	
(no more than 90 days after antendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be fisted as th
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 east for the amendment(s) was/were sufficient for approval	
by	
(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.	
01/01/2017	
Dated	
(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)	
RAFAEL PARDILLA	
(Typed or printed name of person signing)	
MGR	
(Title of person signing)	