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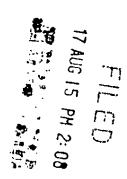


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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	prations		
NAME OF CORPOR	DITAN	Psychics, 0054091	Inc.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Yoland	a Vasamez	
	Blur	Name of Contact Person	inc.
	6750 NW 186 Street #411		
	Hlalean, Fl. 33015		
	City/ State and Zip Code		
YOlyse 109 sita @ hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Volanda	Vasounz	1786 at (1786)	290 4735
Name o	f Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame	ing Address ndment Section sion of Corporations	Amend	Address ment Section n of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## FILED

Articles of Amendment

Articles of Incorporation

17 AUG 15 PH 2: 08



Blunt Psychics, the
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(Name of Corporation as currently filed with the Florida Dept. of State)

DITANIAGUAGI

	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	o <u>n:</u>
	Thenew
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	10750 NW 18 (0 Street #41) Healean, FL 30015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent	
······································	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
Signature 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 Doe	
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	CFC	2 Yolanda Vasauez	6750 NW 186 Stree
Add			
Remove			Hiallah, FL 33015
2) Change	P	Volanda Vasquez	6750 NW 186 Street #411
X Add			Hialogh, FI BBOIE
Remove			FILLULAN, 11 3000
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			***
6) Change			
Add			
Remove			
KCHIOVE			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
* I need my name to populate
* I need my name to populate as CFD for banking purposes.
I cart open a Dusiness account without this Reducement.
this Reducement.
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)

The date of each amendment(s) adoption: 6/10/17	, if other than the
Effective date if applicable:	<del>.</del>
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, 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 east fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ar	
"The number of votes cast 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 was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated 6/10/17 Signature 4/008U4	
Signature WOOBILLY	
(By a director, president or other officer - if directors or office	
selected, by an incorporator – if in the hands of a receiver, tru appointed tiduciary by that tiduciary)	
Yolanda Vasouez	_
(Typed or printed name of person signing)	<del></del>
President/CFD	
(Title of person signing)	

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