P17000101253

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SECRETARY OF STATE
TALL AND SECRETARY

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BLUE DOOR BUILDING INC DOCUMENT NUMBER: P17000101253 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIOBHAN ZERILLA Name of Contact Person BLUE DOOR BUILDING INC Firm/ Company 500 GULFSTREAM BLVD #205 Address DELRAY BEACH, FL 33483 City/ State and Zip Code SIOBHAN@TEAM-BLUEDOOR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 397-9301

Area Code & Daytime Telephone Number SIOBHAN ZERILLA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 23203

Articles of Amendment to

		I ncorporation of	FILED
BLUE DOOR BUILDING INC			
(Name o	of Corporation as curre	ntly filed with the Flo	2021 MAR dr Stale # 5: 12
P17000101253			SECRETARY OF STATE
	(Document Number	r of Corporation (if kn	OWTALLAHASSEE, FL
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new m	ame of the corporation:		
BLUEDOOR BUILDING INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corp	
R Enter new principal office address	if annlicable:	500 GULFSTRE	AM BLVD #205
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		DELRAY BEACH, FL 33483	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		500 GULFSTRE	AM BLVD #205
	The state of the s		H. FL 33483
D. If amending the registered agent an new registered agent and/or the new			er the name of the
Name of New Registered Agent	<u>tent</u>		
	500 GULFSTREAM BL		
		street address)	22.402
New Registered Office Address:	DELRAY BEACH	(C)	Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

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 PT John Doe X Remove V Mike Jones NOT APPLICABLE X Add <u>SV</u> Sally Smith Address Type of Action Title Name (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add __ Remove 3) ____ Change Add ____ Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change Add ____ Remove 6) Change

Α	ts, if necessary).	(be specific)				
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If an amendment prov	ides for an exc	hange, reclassif	ication, or cancel	lation of issued	shares,	
provisions for implen (if not applicable,	nenting the am	endment if not c	contained in the a	<u>imendment itsel</u>	<u>lf:</u>	
	maicate (V/A)					
A						
						
						
				· · · · · · · · · · · · · · · · · · ·		

• • •	03-06-21	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	3-06-21	
Effective date <u>if applicable</u> :	(no more than 90 days af	ier amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable stat	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voti or each voting group entitled to vote sepa	ng groups. The following statement trately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were suffici	ent for approval
by		"
	(voting group)	 .·
03-06-21		
Dated		
Signature	817~	
(By a selec	director, president or other officer – if di ed, by an incorporator – if in the hands o nted fiduciary by that fiduciary)	rectors or officers have not been f a receiver, trustee, or other court
	SIOBHAN ZERILLA	
	(Typed or printed name of p	person signing)
	OWNER	
	(Title of person signing)	