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(Address)		
(Addre	ess)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Bluewater WFM In	ne		
	1BER: P18000047254			<u> </u>
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this ma	atter to the following:		
	Ashley Zohar			
		Name of Contact P	erson	
	Brown & Zohar Law			
		Firm/ Compan	<u> </u>	
	505 E. Jackson St. Ste. 302	•		
	-	Address		
	Tampa, FL 33602			
		City/ State and Zip	Code	
	ashley@brownzoharlaw.com			
	E-mail address: (to be us		port notification)	
For further informat	ion concerning this matter, plea	se call:		
Ashley Zohar		at (⁸¹³	922-5290	
Name	e of Contact Person	Are	Code & Daytime Telep	hone 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 i enclosed)	Certificate of St	atus
Mailing Address			reet Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
·			e Centre of Tallahasse	e
Та	Illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bluewater WFM Inc	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P18000047254	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ALIGN HCM USA INC	The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent NIA	
New Registered Office Address: NG	eet address)
	(City) (Zip Coden 32)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
N/A Signature of None P	egistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>c</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	NIA	_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
WIA	
	
	· .=·
. If an amendment provides for an exchange, reclassification, or cancellation of issued sha	a roc
provisions for implementing the amendment if not contained in the amendment itself:	1165,
(if not applicable, indicate N/A)	
	

	March 25, 2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	arch 25, 2020	
	(no more than 90 day	's after amendment file date)
Note: If the date inserted in this document's effective date on the		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were		nber of votes cast for the amendment(s)
	approved by the shareholders through for each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were su	fficient for approval
by	(voting group)	
	(voting group)	
March 2:	5, 2020	
Dated		_
Signature		
(By a selec	a director, president or other officer — cted, by an incorporator — if in the han inted fiduciary)	if directors or officers have not been ids of a receiver, trustee, or other court
	Nadeem Mourad	
	(Typed or printed name	of person signing)
	Secretary / DIRECTOR	
	(Title of person signing)