P190000 33136

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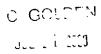
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COVER LETTER

TO: Amendment Section Division of Corporations

Acres Services

NAME OF CORI	ORATION: BLUE WATERS I	FURNITURE INSTALLAT	TONS INC			
	MBER: P19000033136	·				
	les of Amendment and fee are su	ibmitted for filing.				
Please return all co	rrespondence concerning this ma	utter to the following:				
	AMINTA MONTANEZ					
	Name of Contact Person					
	RICKMZ LLC					
	Firm/ Company					
	7624 LARKSPUR STREET					
	Address					
	NAVARRE, FL 32566					
		City/ State and Zip Code	2			
	CORP@RICKMZ.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informa	ation concerning this matter, plea	se call:				
AMINTA MONTANEZ		at (850	217-5764			
Nar	ne of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ā C P	Address Amendment Section Division of Corporations One Box 6327 Callahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303



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Letter Number: 420A00012219

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2020

AMINTA MONTANEZ 7624 LARKSPUR STREET NAVARRE, FL 32566

SUBJECT: BLUE WATERS FURNITURE INSTALLATIONS INC

Ref. Number: P19000033136

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

BLUE WATERS FURNITURE INSTALLATIONS INC

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

BLUE WATERS FURNITURE INSTALLATIONS INC	0.00 Hz = 0 LM inc Lo
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P19000033136	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statistics Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	oration," "company," or "incorporated" or the abbreviation "Corp.," - r "Co". A professional corporation name must contain the word - tion "P.A."
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS)</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Stuting undress SINT BEATOST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered office	ce address:
N/A Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position
	The state of the s
	•
Signature	e of New Registered Agent, if changing
Check if applicable	

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 Doc			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>				
		Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	PEDRO R OCHOA	3050 N L STREET		
Add			PENSACOLA, FL 32501		
X Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove			<u></u> .		
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)
N/A

E. If an amondment provides for an archange malouification or annulation of issued charge
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

.

The date of each amendment(s) adoption:	N/A	, if other the	an the
date this document was signed.			
Effective date if applicable:	NIA		
	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of		statutory filing requirements, this date will not be listed	as the
Adoption of Amendment(s) (CF	IECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or board	of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ber of votes cast for the amendment(s)	
The amendment(s) was/were approved by th must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/were suff	ficient for approval	
by			
(vot	ing group)		
Dated 6/34/303	δ		
(By actirector, presi	orporator - if in the hand	f directors or officers have not been is of a receiver, trustee, or other court	
<u> </u>	an Deleo. Typed or printed name	of person signing)	
	OUNCAPED Title of person signing)	sident.	