P19000034121

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLUE DOOR DE	SIGN GROUP INC.	
DOCUMENT NUM	P10000034121		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HAILE PEGUES		
		Name of Contact Person	n
	BLUE DOOR DESIGN GRO	DUP INC.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	500 GULFSTREAM BLVD	# 205	
		Address	
	DELRAY BEACH, FL 3348	3	
	 	City/ State and Zip Cod	e
	HAILE@TEAM-BLUEDOO	DR.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
HAILE PEGUES		at (739-8176
Name	of Contact Person	Агеа Со	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

FILED

BLUE DOOR DESIGN GROUP \	NC.
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BEOF DOOK DESIGN CKOOL (MC	•		
(Name (of Corporation as curren	tly filed with the Florid	a 12021-101181419 PH 5: 12
P19000034121			
	(Document Number	of Corporation (if knows	SECRETARY OF STATE TALLAHASSEE, FL
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
BLUEDOOR DESIGN GROUP (NC	•		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corpora	rated" or the abbreviation "Corp.,"
	• •		M BLVD #205
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		DELRAY BEACH, FL 33483	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		500 GULFSTREAI	M BLVD #205
		DELRAY BEACH, FL 33483	
If amending the registered agent an new registered agent and/or the new registered agent and registered agent agent and registered agent and registered agent and registered agent agent and registered agent			the name of the
Name of New Registered Agent	NA		
	500 GULFSTREAM BLVD #205		
	(Florida street address)		
New Registered Office Address:	DELRAY BEACH		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)

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	MOX ABBUO AB	·=
X Add	<u>sv</u>	Sally Smith	NOT APPLICAB	LE
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	·-			
Add				
Remove				

IA	additional sheets, if necessary). (Be specific)	
		
		
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	1-10-b-i-	
	77 - 70 - 300	
		
if an am	nendment provides for an exchange, reclassific	cation, or cancellation of issued shares.
<u>provisi</u>	ions for implementing the amendment if not co	ontained in the amendment itself:
	(not applicable, indicate N/A)	
A		

•

,	03-06-21	
The date of each amendment(s)	adoption:	if other than t
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
03	-06-21	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as t
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 shareholde	r action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
must be separately provided fo	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s) st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
02.04.21		
03-06-21 Dated	j	
Signature		
(By a select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary)	
	HAILE PEGUES	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	