

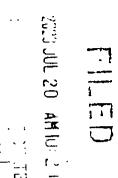
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GLOBAL BLUE I	ENTERPRISES,INC			
	BER: P19000037362				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ALINA HERRERA				
		Name of Contact Perso	on		
	GLOBAL BLUE ENTERPRISES, INC				
		Firm/ Company			
	8205 LAKE DR STE:A203				
		Address			
	DORAL, FL 33166				
		City/ State and Zip Cod	le		
	alina@gbluenterprises.com				
	E-mail address: (to be us	sed for future annual report	t notification)		
	on concerning this matter, pleas	se call:			
ALINA HERRERA		at ( <u></u>			
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	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)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 I	Address  dment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

c1	ORAI	RIII		TERPR	ICEC	INC
$\sim$	$\sim$ $\sim$ $\sim$ $\sim$	- 121-0	1 1		1.31	1111.

(Name	of Corporation as currently	filed with the Florida Dept. of State)
P19000037362		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation;	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,"	Corp, " "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, Principal office address <u>MUST BE A.S</u>		<del></del>
		/* F=
C. Enter new mailing address, if appl	icable:	الم الم
(Mailing address MAY BE A POST	<u>OFFICE BOX</u> )	
		——————————————————————————————————————
<ol> <li>If amending the registered agent as new registered agent and/or the ne</li> </ol>		ss in Florida, enter the name of the
· ·	ALINA M. HERRERA	•
Name of New Registered Agent	<del></del>	
	8205 LAKE DR STE: A202	
	(Florida stree	et address)
New Registered Office Address:	DORAL	, Florida 33166
	(0	City) (Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	nanging Kegistered Agent; tered agent. I am familiar wi	th and accept the obligations of the position.
		,
	Chen	9:40
	Signature of New Res	ristered Agent, if changing
Shoot if analisable		
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 <math>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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	V	ALINA M. HERRERA	8205 LAKE DR STE: A203
X Add			DORAL, FL 33166
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

. If amending or adding additional Article (Attach additional sheets, if necessary).	Be specific)		
			<del></del> _
			<del></del> -
			<del></del>
			_
If an amendment provides for an exchange provisions for implementing the amends (if not applicable, indicate N/A)	ge, reclassification, or canc nent if not contained in the	ellation of issued shares, amendment itself:	
ARES ARE AS FOLLOW:			<del></del>
% - ALINA M. HERRERA - VICE PRESID	DENT		
% = ANTONIA ALBARRACIN - PRESID	ENT		

. . .

The data of each amountments	3/31/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action	on and shareholder
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
must be separately provided j	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):  st for the amendment(s) was/were sufficient for approval	nt
	ist for the amendment(s) was/were sufficient for approvar	
by	(voting group)	
3/31//20: Dated Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANTONIA ALBARRACIN	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del> _