P190000 40392

Office Use Only



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THE THE HOLD OF THE PRINCIPLE

brund

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLUEMASTER I	NTERNATIONAL CORP	<u> </u>			
DOCUMENT NUMB	ER:					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	condence concerning this ma	tter to the following:				
;	Monica Uscategui					
-		Name of Contact Persor	1			
	Greenlight Financial LLC					
		Pinne / Comment				
	Firm/ Company					
_	7480 Bird Rd Suite 810	<u> </u>				
	Address					
	Miami, FL 33155					
-		City/ State and Zip Code	2			
musca	tegui@greenlightfinancial.nc					
	E-mail address; (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
		- 1 -				
Monica Uscategui		at {	860 5970			
Name o	Contact Person	at (305) 860 5970 Area Code & Daytime Telephone Number				
Canband in a about the	the following amount made	novable to the Cleride Dane	ortmans of Ctatus			
Enclosed is a check to:	the following amount made	payaore to the Forma Depa	inthem of state.			
\$35 Fiting Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tailahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

THE NATION OF ANY OF

Articles of Amendment to Articles of Incorporation of

BLUEMASTER INTERNATIONAL CORP

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P19000040392			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	18851 NE 29TH AVE , SUITE 700 PMB#493		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	AVENTURA, FL 33180		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18851 NE 29TH AVE, SUITE 700 PMB#493		
	AVENTURA, FL 33180		
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address	SSS: 3 (5)		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	Florida (City) (Zip Code)		
	(Zip Code) F		
	8		
w Registered Agent's Signature, if changing Registered Agen	it:		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.		
Signature of New	Registered Agent, if changing		

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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
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				

	(Be specific)
	, _
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A STATE OF THE STA	
.,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	at(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
May 20, 2019	
DatedSignature	
(By a director, president or other officer – if directors or/officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	n urt
Marcia C. Mendes Deischl	
(Typed or printed name of person signing)	
President	
(Title of person signing)	 -