P190000 74027

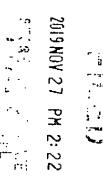
(F	Requestor's Name)
	Address)
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Kuul Blue Fl	orida Inc		
DOCUMENT NUMBER:	P1900007-	1027		
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing	;.	
Please return all correspondence co	ncerning this mat	tter to the followi	ing:	
		Michael L	Brooks	
		Name of Con	tact Person	
		Kuul Blue F	lorida Inc	
		Firm/ Co	mpany	
		PO Box	6148	
		Addr	ess	
		Ocala, Flori	da 34478	
		City/ State and	d Zip Code	
		info@kuulblue	florida.con	1
E-mail	address: (to be us	ed for future ann	ual report	notification)
For further information concerning Marvin L Brook			357	414-2725
Name of Contact Pe		at (Aron Cou) 414-2725 le & Daytime Telephone Number
Enclosed is a check for the following				
_	5 Filing Fee & leate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	py	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section				Address ment Section
Division of Corp-			Division	n of Corporations
P.O. Box 6327 Tallahassee, FL 3	32314			Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kuul Blue Florida Inc.

P19000074027				
(Document Number of Corporation	tion (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida F</i> its Articles of Incorporation:	Profit Corporation adopts the f	ollowing a	mendn	ient(s) t
A. If amending name, enter the new name of the corporation:				
			he ne	W
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable:	425 NE 27th Ave			
(Principal office address MUST BE A STREET ADDRESS)	Ocala FL 34470	() 	2019 NOV 2	
		نيا	NOV	ij
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 6148	#	/27 P	
	Ocala FL 34478		2:	
			22	
D. If amending the registered agent and/or registered office address in Flo	orida, enter the name of the			
new registered agent and/or the new registered office address:	Dl			
Name of New Registered Agent	Michael L Brooks			
	425 NE 27th Ave. Unit 3			
(Florida street address Ocala	s)	24470		
New Registered Office Address: (City)	, Florida_		le)	
·		-		

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 Doc	
X Remove	<u>V</u>	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	P	James F Brooks	8 Silver Drive
Add			Ocala FL 34472
X Remove			
2) Change	P	Michael L Brooks	425 NE 27th Ave
			Unit 3
Remove			Ocala FL 34470
3) Change	S	Marlene G Brooks	4120 East Silver Springs Blvd
X Add			Unit 215
Remove			Ocala FL 34470
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)		
Article IV:	The initial number of shares the corporation is authorized to issue is: 10,000	
-		
F. If an an	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
<u>provisi</u> (if	f not applicable, indicate N/A)	
		

	October 31, 2019
The date of each amendment(s) at late this document was signed.	option:, if other than the
	November 1, 2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	October 31, 2019
	region, president of other officer – if directors or officers have not been
	by in incorporator – if in the hands of a receiver, trustee, or other court ed tiduciary by that fiduciary)
	Michael L Brooks
	(Typed or printed name of person signing)
	Director / Majority Shareholder
	(Title of person signing)