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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	STMENTS INC			
DOCUMENT NUME	P20000007364 BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	LISANDRA SABORIT				
	Name of Contact Person				
	Firm/ Company				
	952B SOUTH MILITARY TRAIL				
Address WEST PALM BEACH, FL33415					
City/ State and Zip Code					
LISANDRA@MKINSURANCE.US					
•	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
LISANDRA SABORI	r	561	324-6282		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BLUE SEA INVESTMENTS I	1×0
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(Name of Corporation as currently P200000007364	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section $607,1006$, Florida Statutes, this F its Articles of Incorporation:	Torida 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 "corporation," "co" "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new pmpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 20 -1-
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Note: New Registered Agent	ss in Florida, enter the name of the
New Registered Office Address:	t address), Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Reg	

Check if applicable \Box 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, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office het 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	HERMES TABARES DIAZ	952B SOUTH MILITARY TRAIL
.: Add			WPB, FL33415
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

E. <u>If amen</u>	ling or adding additional Articles, enter change(s) here:
(Attach a	dditional sheets, if necessary). (Be specific)
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<u> </u>	
e Ifanan	andment annides for an exchange mechanification on aspectation of issued chance
r. <u>11 an an</u> Drovisi	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(if	ot applicable, indicate NA)
VI	it
. 7	

The date of each amendment(s) adoption date this document was signed.	n: <u>V/A</u>		, if other than tl
Effective date <u>if applicable</u> :	Alp		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vs after amendment file date)	
Note: If the date inserted in this block didocument's effective date on the Departme	pes not meet the applicable ent of State's records.	statutory filing requirements, this date	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or board	of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	v the shareholders. The min i for approval.	nber of votes east for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through ofting group entitled to vote.	voting groups. The following statement separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were su	fficient for approval	
by			
	(voting group)	 .	
selected, by ar	incorporator – if in the han ciary by that fiduciary)	if directors or officers have not been ds of a receiver, trustee, or other court	
	(Typed or printed name (Title of person signing	of person signing)	