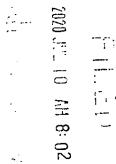
## P20000017321

Office Use Only



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## COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: Blue Label Supply, Inc.  DOCUMENT NUMBER: P2000017321					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jeanna Sattuso					
Blue Label Supply					
112 Bartram Oaks Walk #600694					
Saint Johns PL 32260 (ity/State and Zip Code					
City/ State and Zip Code    City/ State and Zip Code   Lana & blue abels upply. Com   E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Same of Contact Person at (321) Le 04 - 0040  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment**

to

Articles of Incorporation

Blue Label Supplu	1, Inc.	
(Name of Corporation as currently	filed with the Florida Dept.	of State)
P200000 17321		
(Document Number of O	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this $F$ its Articles of Incorporation:	<i>loridu Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
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."	mpany," or "incorporated" o professional corporation nar	r the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_ <i>N</i> /A	
		2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(Stating dutiess MAT BL ST UST UTTICL BUS)		
		<del></del>
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:  Name of New Registered Agent Cana 60		e of the
	Oaks Walk	H 1.001-Q61
(Florida stree		# (JUCU04 7
Cainlinh		302(a)
The William Committee Comm	Zity)	Florida 32260 (Zip Code)
	•	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations	of the position.
Signature of New Reg	gistered Agent, if changing	

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 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change	V Alyssa Rivera	112 Bartram Dals Walk
Add	,	#600694
Remove	0 100 0 (011)	Saint Johns, FL 32260
2) Change	P Jeanna Gattuso	112 Bartram Daks Walk
_X Add		#600694 Soint Nove Cl. 2007
Remove Change		Saint Johns, FL 322100
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) h (Attach additional sheets, if necessary). (Be specific)	
	,
F. If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contain (if not applicable, indicate N/A)  NA	or cancellation of issued shares, ed in the amendment itself:
<u> </u>	

The date of each amendr date this document was sign		:		<u></u>	, if other than the
	1.11				
Effective date <u>if applicab</u>	<u>e</u> : / <u>///</u>	(no more than	90 days after amen	dment file date)	
Note: If the date inserted document's effective date	in this block do on the Departmen	es not meet the application of State's records.	licable statutory fili	ng requirements, th	nis date will not be listed as the
Adoption of Amendment	(s)	( <u>CHECK ONE</u> )			
The amendment(s) was action was not required	were adopted by	the incorporators, o	r board of directors	without shareholde	r action and shareholder
☐ The amendment(s) was by the shareholders wa			he number of votes	east for the amenda	ment(s)
☐ The amendment(s) was must be separately pro					
		amendment(s) was/v		pproval	
by	orporador.	S/OFF.COS			
Dated_ Signatur	(By a director, selected, by an	president or other of incorporator – if in ciary by that fiducian	the hands of a receiry)	ver, trustee, or other	
		Tyssa K (Typed or printe	d name of person si	gning)	
		(Title of person:		ormer Pi	resident)