## P20 0000 21423

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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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O SIMMONS
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## **COVER LETTER**

Division of Corporati	ons	•			
NAME OF CORPORAT	ion: Bluewa	ater Itold	ings	Associate	s INC.
DOCUMENT NUMBER		00021423			
The enclosed Articles of A	mendment and fee are sub	omitted for filing.			
Please return all correspon	dence concerning this mat	ter to the following:			
	Blueward 393 Ar Coral G	Name of Contact Person  Proposed Firm/ Company  Address  Address  City/ State and Zip Code  and Total Code  Code of State and City Code  Code of State and City Code  Code of	A 55	ociates In	
For further information co	ncerning this matter, pleas	e call:			
Rod Time	NSKY ontact Person	at ( 9 S 4	de & Dayti	19 - 4549 me Telephone Number	_
Enclosed is a check for the	following amount made p	payable to the Florida Dep	artment of 5	State:	
□ \$35 Fitting Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy osed)	

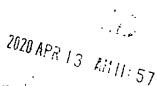
Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

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



	Articles of Inco	orporation	
Bluewater H		45500101705	INC.
(Name of Co	rporation a currently	filed with the Florida	Dept. of State)
<u> </u>	021423		••
	(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607,1006 s Articles of Incorporation:	o, Florida Statutes, this F	lorida Profit Corporati	on adopts the following amendment:
. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain the v Inc., " or Co., " or the designation "Corp, "chartered," "professional association," or to	" "Inc," or "Co". A		
Enter new principal office address, if ap	plicable:		
Principal office address <u>MUST BE A STRE</u>			
Enter new mailing address, if applicabl			
(Mailing address <u>MAY BE A POST OFF</u>	<u>ICE BON</u> )		
		<del></del>	
) If any adding the area is a superior and a superi			
<ol> <li>If amending the registered agent and/or new registered agent and/or the new reg</li> </ol>		ess in Florida, enter th	e name of the
Name of New Registered Agent			
State of Sen Acquired Agent			<u> </u>
	(Florida stre	et address)	
v b. s. Joan III		,	191 - 2.1
New Registered Office Address:		City)	, Florida (Zip Code)
iew Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar w	ith and accept the obliga	ations of the position.
	Signature of New Re	gistered Agent, if chang	ing

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:

 $P = President; \ Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 was Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Xample: X Change	<u>PT</u>	John Doe		ر   
X Remove	$\underline{\mathbf{y}}$	Mike Jones		
<u>X</u> Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	<u>V</u>	Nicolas	Andres Roug	to 600 Ne 36 Th ST.
$X$ _Add				A pT # 911
Remove				MIOMI FL 33137
2) Change				
Add				
Remove 3 ) Change			<u> </u>	
Add				
Remove				
4) Change				<del> </del>
Add				
Remove				
5) Change				<del></del> ,
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) he Much additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, of provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	or cancellation of issued shares, d in the amendment itself:
	-

The date of each amendment(s) adoptio	n: 40	8/2020		if other than the
date this document was signed.	1	/ )	2020 APP 13	· ·
Effective date if applicable:	4/02	7/2020	LÛLY APR / 3	<u> 4/1/1:57</u>
	(no more than 91	) days after amendme	ent file date)	0 /
Note: If the date inserted in this block d document's effective date on the Department		able statutory filing	requirements, this da	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted b action was not required.	y the incorporators, or b	oard of directors wit	hout shareholder acti	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cas	t for the amendment(	(s)
☐ The amendment(s) was/were approved must be separately provided for each v				ent
"The number of votes east for the	amendment(s) was/wer	e sufficient for appro	wal	
by Patricia I	Delinois		<del></del>	
	(voting group)			
Dated	1/03/2120			
Signature		147-11		
	, president or other office n incorporator – if in the			rt
appointed fide	uciary by that fiduciary)			
	Patricia	Delinor	S	
	_		າຄົ)	
	Pre	rsiderT		
	(Title of person sig	nine)		