## P20000041054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





700417788077

10/23/33--01/34--364 \*\*35.06



M

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BLUE MAX CON	SULTING INC.			
	1BER: P20000041054				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	JOSE M. MONTE				
		Name of Contact Person	n		
		Firm/ Company			
	10119 SW Indian Lilac Trail	, ,			
		Address			
	Port Saint Lucie, FL 34987	City/ State and Zip Cod			
			e		
	JOSEMONTE 1@YAHOO.C	OM sed for future annual report	16 1 1		
For further informat  JOSE M. MONTE	ion concerning this matter, pleas		1	/n (7)	,  ,
Nam	e of Contact Person	Area Co	) de & Daytime Telephone Nun	nber = :	,
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	· :-	-0
S35 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)	ب. د چ: د چ:	٠ . تا . در ن
A: D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	)	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BLUE MAX CONSULTING INC.

(Name of Corpor	ration as currently filed with the Florida Dept. of State)		
P20000041054			
(Do	ocument Number of Corporation (if known)	_	
Pursuant to the provisions of section 607,1006, Flo ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the fo	ollowing amer	ndment
A. If amending name, enter the new name of th	ie corporation:		
			new
	l "corporation," "company," or "incorporated" or the abbi lnc," or "Co". A professional corporation name must bbreviation "P.A."		
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			
2. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )		
			<del>-</del>
	<del></del>	- 1	
	istered office address in Florida, enter the name of the	: A.	
new registered agent and/or the new register	red office address:	:	r -
Name of New Registered Agent			
	(Florida street address)	<del></del>	ĵ,
W B : 100 411	131	- 2	٠_
New Registered Office Address:	, Florida, Florida	(Zip Code)	
	·	·	
ew Registered Agent's Signature, if changing			
hereby accept the appointment as registered ager	nt. I am familiar with and accept the obligations of the pos	sition.	
	Signature of New Registered Agent, if changing	<del></del>	
	agnature of their regimered rigent, 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.

Example: X Change	<u>PT</u> Joh	<u>n Doc</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PD	LAUREN MONTE	10119 SW Indian Lilac Trail
Add			Port Saint Lucie, FL 34987
X Remove			
2) Change	PDCEO	JOSE M. MONTE	10119 SW Indian Lilac Trail
X Add			Port Saint Lucie, FL 34987
Remove Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			—
Remove			
6) Change			
Add			
Remove			

	- j (-)
f an amendment provides for an exchange, reclassification, or cancellation of issued share	5 <sub>1</sub>
provisions for implementing the amendment if not contained in the amendment itself:	- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
f an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	:
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	:
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·

.

. .

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The feach voting group entitled to vote separately on the ameor or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary)	
	IOSE M. MONTE	<b>P</b> 3
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
		· , · · · · · · · · · · · · · · · · · ·

(Title of person signing)