## P21000061502

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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: BLUE MERMAID	ENTERPRISES, INC.	
DOCUMENT NUMBI	ER: P21000061502		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
1	AURA SURACE		
_		Name of Contact Person	1
.5	GURACE ENTERPRISES LL	.C	
_		Firm/ Company	
8	445 BLAINE RD		
_	<u></u>	Address	
S	SPRING HILL/FLORIDA 3	4608	
_		City/ State and Zip Cod	<u></u>
1	aura.surace.tax@gmail.com		
_	E-mail address: (to be us	ed for future annual report	notification)
For further information  LAURA SURACE	concerning this matter, pleas	e call: at (	
	Contact Person	at ( Area Co	de & Daytime Telephone Number
	the following amount made p		
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)
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 MERMAID ENTERPRISES, INC.

	6.63	Al. Cl. J. with the Plantide Dant of State)			
( <u>Name</u> )	of Corporation as curren	ntly filed with the Florida Dept. of State)			
P21000061502					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, th	is Florida Profit Corporation adopts the following	g amendment(s) (		
A. If amending name, enter the new n	ame of the corporation:				
N/A			The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation A professional corporation name must contain 4."	on "Corp.,"		
B. Enter new principal office address,	if annlicable:	N/A			
(Principal office address MUST BE A S					
			<del></del>		
o n	t <b>1.1</b>				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icadie:</u> OFFICE BOX)	9047 9TH ST N			
(maining dual to Mark 1915 to 1 Color Oct 1 Color 1905)		ST, PETERSBERG, FL 33702			
			<del></del>		
D. If amonding the registered agent at	nd/or registered office as	ldress in Florida, enter the name of the			
new registered agent and/or the ne					
V	N/A				
Name of New Registered Agent	9047 9TH ST N		-		
		street address)	-		
	ST. PETERSBERG	33702			
New Registered Office Address:		(City) Florida (Zip C	Code)		
		(Ca)	,		
New Registered Agent's Signature, if o	shanging Registered Age	ent.			
Thereby accept the appointment as regis	tered agent Lam familia	ir with and accept the obligations of the position.	۵۰ د		
			· 美		
<del></del>			- <del></del>		
	Signature of New	Registered Agent, if changing			
Check if applicable					
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1	I) (e), F.S.	£2.		
			r <sub>o</sub>		

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)

Example:

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	<u>PT</u>	John Doe	
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	VP	JOHNNY GAULDEN	12430 134TH AVE
X Add	<del></del> -		APT A
			LARGO, FL 33774
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

t a a t t t t t	nending or adding additional Arti ch additional sheets, if necessary).	(Be specific)	7			
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<u>If an</u>	amendment provides for an exch	ange, reclassificati	on, or cancellation	of issued shares,		
pro	visions for implementing the ame	ndment if not conta	ained in the amend	ment itself:		
	(if not applicable, indicate N/A)					
Α						
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		<del>-</del>		· <u></u>		
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment afficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statent each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
JULY 08,	2021	
Dated	<del>/</del>	
<u>`</u>	2	
Signature	LLLA DULG C. Frector, president or other officer – if directors or officers have not been	
	d. by an incorporator – if in the hands of a receiver, trustee, or other cou	
	ted fiduciary by that fiduciary)	
	LAURA SURACE	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	