P21000100572

(F	Requestor's Name)	
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	City/State/Zip/Phone #)	.
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: 802 K BLUE, INC	<u>. </u>	
DOCUMENT NUMBE	P21000100572		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
G	. MICHAEL NELSON, ES	Q.	
		Name of Contact Persor	<u> </u>
N	ELSON, BISCONTI & MC	CLAIN, LLC	
_		Firm/ Company	
10	005 N. Marion St.		
		Address	
T	ampa FL 33602		
		City/ State and Zip Code	2
តា	nnlaw@hotmail.com		
		sed for future annual report	notification)
For further information of Jerry Dufrain	concerning this matter, plea	se call: at (at	416-2102
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depo	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation

802 K BLUE, INC.

With the livere	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000100572	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	Thenew
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
	N/A
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)	
	_
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
	1
(Florida str	ret address)
	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Sionature of New Ro	rgistered Agent, if changing

Check if applicable

 $[\]square$ 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	<u>John Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sali</u>	y Smith		
Type of Action	<u>Title</u>	<u>Name</u>	Address	
(Check One) 1) Change	P	Alan Kahana	1320 9th Ave	
			Suite 210	
Add X Remove			Tampa, FL. 33605	
2) Change	P	Stephen Bonitto	1005 N. Marion St.	
X Add			Tampa, FL. 33602	
Remove 3) Change				
Add Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
				-
			<u> </u>	
		 -		
	<u>.</u>			
	<u>.</u>			
				-
F. If an amendment provides for an exch:	moe reclassification	n, or cancellation o	f issued shares.	
provisions for implementing the amen	idment if not contain	ned in the amenda	ient itself:	-
(if not applicable, indicate N/A)				
				
N/A				
				<u> </u>
				

The date of each amendment(s) add	ption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	10 more than 90 days after amendment file date)
	/ ino more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromist be separately provided for e	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	···
	(voting group)
selected,	ector, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court diductory by that fiductory) Algae Algae (Typed or printed name of person signing)
_	(Title of person signing)