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COR AMND/RESTATE/CORRECT OR O/D RESIGN BLUEVERT CORP

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TALLAHASSEE, FINAL

J. HORNE

MAY 1 9 2022

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Help

| Art | icles of Ame | ndment | | IAL | 202 |
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| Artic | to les of Incor | poration | | | 2 H |
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| BLUEVERT CORP | | | | | 18 |
| (Name of Corporation as currently filed w | ith the Flor | ida Dept. of Sta | <u>ite</u>) | | 至而 |
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| (Document Number of Corp | oration (if k | nown) | | | မ |
| Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation: | utes, this Flo | rida Profit Corp | poration ado | pts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corpor- | ation: | | | | |
| | - | | | | The new |
| name must be distinguishable and contain the word "ce" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre | ic." or "Co | ". A profession | r "incorpora al corporati | ited" or the al on name must o | bbreviation contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. | <u>S</u>) | | | | |
| | | | | | |
| | | | · | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| (MATERIAL OST OFFICE BOX) | | | | | • |
| | | | · - - | | |
| | | | | | |
| D. If amending the registered agent and/or registered of | fice address | in Florida, enti | er the name | of the | |
| new registered agent and/or the new registered office | address: | | | <u> </u> | |
| Name of New Registered Agent | | | | | |
| | ··- | | | | |
| | lorida street | address) | | | |
| New Registered Office Address: | | | El-ald. | | |
| New Registered Office Address. | (City) | | _, Florida | Zip Code) | |
| | | | | | |
| | | | | | |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j | d Agent: | and accent the | obligations o | She position | |
| , socop, me appointment us registered agent. I um j | | and accept the | oongunons o | y ine position. | |
| Signature of New Rey | gistered Age | nt, if changing | | | |

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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 = ChiefExecutive 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 | PT John | 1 Doe | |
|-------------------------------|-----------------------|-----------------|-------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | Luis A Trujillo | 1925 Brickell Ave D1112 |
| Add | | | Miami, FL 33129 |
| Remove | | | |
| 2) Change | PRES | Luis F Trujillo | 1925 Brickell Ave D1112 |
| Add | | | Miami, FL 33129 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | - | |
| Add | | | |
| Remove | | | |

| (Attach additional s. | ding additional Arti heets, if necessary). | (Be specific) | | | |
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| If an amendment p | rovides for an exch | ange, reclassif | ication, or cance | ellation of issued | shares, |
| provisions for imp | lementing the amen ble, indicate N/A) | idment if not o | contained in the | amendment itse | <u>lf:</u> |
| (5}p | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
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| date this document was signed. | loption: | , if other than the |
|---|--|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were sur | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval. | |
| The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado | pted by the incorporators without shareholder action and shareholder | |
| action was not required. | | |
| 5/11/202 | 2 | |
| Dated | | |
| Signature | ocubined by: | |
| (By a di selected | rector, president or other officer – if directors or officers have not been L, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| · · | LUIS A TRUJILLO | |
| - | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| - | (Title of person signing) | _ |