P22000048009

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2022 SEP -6 PH 4: 1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BLU	JMAX CONSULTING INC	<u></u>	
DOCUMENT NUMBE		P22000048009		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
Ν	IICHAEL GOLDBERG CP.	Α		
_		Name of Contact Person	I	
N	MCHAEL GOLDBERG PA			
_		Firm/ Company		
l	6855 NE 2ND AVENUE ST	TE 303		
_		Address		
<u> </u>	MIAMI BEACH, FL 3316			
		City/ State and Zip Code	2	
Ν	1G@MIKEGOLDBERGCP	A.COM		
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MICHAEL GOLDBERG CPA		at (305	651-0400	
Name of Contact Person		at (305 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amenc 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

FILED

BLUMAX CONSULTING INC	Filed with the Florida Dept. of State)
(Name of Corporation as currently	med with the Florida Dept. of that
P22000048009	TALLAHASSEE.F
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "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
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the position.
Signature of New Ro	rgistered Agent, 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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	RANDI Z MARCUS	16855 NE 2ND AVE STE 303
X Add			N MIAMI BEACH FL 33162
Remove			
2) Change			<u> </u>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
——— Remove			

<u>Camending or addir</u> Attach <i>additional she</i>	ets, if necessary).	(Be specific)				
						
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<u> </u>						
16				6 :		
If an amendment pro provisions for imple	ovides for an exem	ange, rectassificat	ion, or cancellatio	n or issued snare	<u>'Sı</u>	
(if not applicable	intenting the amer	iument ii not com	ameu in the amen	ument usen.		
(ij mii uppneubn	., ., ., ., ., ., ., ., ., ., ., ., ., .					
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<u>-</u>			 			

	t(s) adoption:	, if other than the
date this document was signed	I. AUGUST 29, 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action	ı and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	2022 SEP
"The number of vote	s east for the amendment(s) was/were sufficient for approval	EP -
by	(voting group)	P-6 PH
AUC	GUST 29, 2022	
DatedSignature/(I	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	·
	DAVID MARCUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	