P22000051792

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: BLUE STRIPE MORTGAGE, IN C DOCUMENT NUMBER: P22000051792	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NEREDITA FLE-HESS Name of Contact Person BUTE STRIPE MORTORGE Firm/ Company 7225 BROWHEDGE TRL. Address WINTER CHRIPEN, FL 34787 City/ State and Zip Code MEREDITA DELUE STRIPE MORTORGE. C. E-mail address: (to be used for future annual report notification)	0 M
For further information concerning this matter, please call: MCPOINT FRE HETS at (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

Name of Corporation as currently filed with the Florida Dept. of State) P2200051792 (Document Number of Corporation (if known)

it(s) to

Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, thi	s Florida Profit Corpoi	ration adopts the following amendme
A. If amending name, enter the new name of the			
BLUE STR	-1PE	INC.	TheTh
name must be distinguishable and contain the word "a "Inc" or Co.," or the designation "Corp," "Inc "chartered." "professional association," or the abbi	corporation," ;" or "Co".	"company," or "incorp A professional corpor	orated" or the abbreviation "Corp., `
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)		
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office ad d office addre	dress in Florida, enter ss:	the name of the
Name of New Registered Agent			
	(Florida :	street address)	
New Registered Office Address:			Florida
New Registered Office Address.		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Roll hereby accept the appointment as registered agent.	e <mark>gistered Age</mark> I am familia	nt: r with and accept the ol	bligations of the position.
	2* 1 2	D 2 J 4 22 1	
Sig	nature of New	Registered Agent, if ch	anging

Check if applicable

 \Box 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)

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	PT	John Doe	<u>e</u>				
X Remove	<u>V</u>	Mike Jor	<u>168</u>				
X Add	<u>sv</u>	Sally Sm	<u>iith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address	
l) Change		_		 	-		
Add					-		
Remove					=		
2) Change				 		- 	
Add							
Remove 3) Change		-			-		
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Remove					_		
4) Change		_		 	-	* · · · · · · · · · · · · · · · · · · ·	
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Remove					_		
5) Change		_		 .			
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Remove					-		
6) Change				 	•		
Add							
Remove							

an amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		, if necessary).	les, enter change (Be specific)				
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 9/24/2022	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u>s</u>
VIE-PRETIDENT/RLUES (Title of person signing) HORTG	TRIPE

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