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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLUE COAST SE	RVICES "INC"		
DOCUMENT NUM	P22000056789			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	CLARA ALVAREZ ANDRA	ADE		
		Name of Contact Person	n	
	BLUE COAST SERVICES "INC"			
		Firm/ Company		
	2743 APAALOSSA ROAD			
		Address		
	ORLANDO FL 32822			
		City/ State and Zip Cod	e	
BLUECOASTSERVICESINC@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call;		
CLARA ALVAREZ		at (369-1398	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 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)	
An Div P.C	iling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

BLUE COAST SERVICES "INC"

	rrently filed with the Florid	do Dont of State)	
222000056789	Trendy filed with the Flora	ua Dept. of State)	
(Document Num	nber of Corporation (if know	/n)	· · · · · · · · · · · · · · · · · · ·
ursuant to the provisions of section 607.1006, Florida Statutes. Articles of Incorporation:	s, this <i>Florida Profit Corpor</i>	ation adopts the fol	lowing amendment(s
. If amending name, enter the new name of the corporation	<u>on:</u>		
			The new
ime must be distinguishable and contain the word "corporatio Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "	o". A professional corpor		
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	 -	<u>F</u> S	2024
		<u> </u>	<u>5</u> T
. If amending the registered agent and/or registered office	e address in Florida, enter	the name of the	- T.
new registered agent and/or the new registered office ad	<u>ldress:</u>	<u> </u>	
Name of New Registered Agent	·	177.	
			
		7.57	
(Flore	idu strect address)	<u> 551</u>	_ 2
New Registered Office Address:	ida strect address)	, Florida_	-2

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.

Example:

X Change	PT John D	<u>0e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	AMBR	RITA SIGISMONDO	5367 CREEKSIDE PARK AVE
Add			ORLANDO FL 32811
X Remove			
2) Change	P	DANIEL J. ORTIZ ACEVEDO	3012 W SIGNATURE DR 1301
Add			DAVIEL, FL 33314
X Remove	AMBR	CARLOS CAMBERO	6600 ODYSSEY LN 314
Add			ORLANDO, FL 32821
X Remove			
4) X Change	Р	CLARA ALVAREZ ANDRADE	2743 APAALOSSA ROAD
Add			ORLANDO FL 32822
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

nding or adding additional Articles, enter change(s) he additional sheets, if necessary). (Be specific)	
mendment provides for an exchange, reclassification,	or cancellation of icensed charge
sions for implementing the amendment if not contained	d in the amendment itself:
f not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	idoption:	, 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 amenament fite date	,
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement partment of State's records.	ts, this date 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 shareh	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by 4 VOTES- PRES-VP	(voting group)	
10/26/202	4	
Dated		
Signature	Clasa Alvorez Andrade	
	director, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	other court
	CLARA ALVAREZ ANDRADE	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	