## P 98000062231

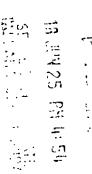
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: BLUE BREW , INC	O	
DOCUMENT NUMBER	P98000062231		····
The enclosed Articles of A		omitted for filing.	
Please return all correspon	dence concerning this matt	ter to the following:	
MA	RITZA TELESKY		
		Name of Contact Person	
МІС	CHAEL L. KEIBER, P.A.		
		Firm/ Company	
255	7 US HWY 27 SOUTH		
<del></del>		Address	
SE	BRING, FL. 33870		
		City/ State and Zip Code	;
НОМЕМ	ADECREATION@YAHO	DO.COM	
	E-mail address: (to be use	ed for future annual report	notification)
For further information con	ncerning this matter, please		
RONALD WIRRIES		at (	381-9425
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

BLUE BREW, INC.				
(Name of Corporation	on as currently filed with the Flor	rida Dept. of State)		
P98000062231				
(Docum	ent Number of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the fol	lowing amendme	int(s) to
A. If amending name, enter the new name of the co	rporation:			
			The new	ט
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation or the designatio	" "Inc," or "Co". A professiona	"incorporated" or i il corporation name i	the abbreviation	1
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)		SF L. Co	
D. If amending the registered agent and/or register	red office address in Florida, ente	er the name of the		<u>.</u>
new registered agent and/or the new registered	office address:		·	 <u>√1</u>
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	···		
<del></del>	(Floridu street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the c	obligations of the post	tion.	
Sion	ature of New Revistered Agent, if c	hansins		

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>	John Do	<u>x:</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		RONALD S. WIRRIES	4120 US 27 N
X Add				SEBRING, FL 33870
Remove				<del></del>
2) Change				
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				-
4) Change		-		
Add				
Remove				
5) Change				<del> </del>
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<del> </del>	

. . . . .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a strector, president or other officer - if directors or officers have not been	<del></del> -
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)	
JONATHAN SOWARDS	
(Typed or printed name of person signing)	
PRESIDENT	·

(Title of person signing)