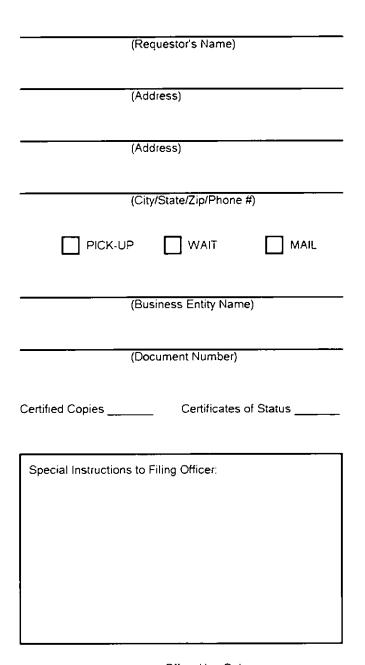
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BOTTOM Line Ventures Inc DOCUMENT NUMBER: P98000/08008
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy 5. Millard Name of Contact Person
BOTTOM LINE VENTURS INC.
P.O. BOX 57136
Address / F(3.25/6.5
Jackson Ville Beach FL. 37240 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Millard at 904 813-5720
Name of Contact Person 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) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of	
BOTTOM LineV	entures Incl: 28
	filed with the Florida Dept. of State)
f 980 00 1 080 08	7
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BLV. Inc.	The new
name must be distinguishable and contain the word "corporation," "c "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.,"
B. Enter new principal office address, if applicable:	3409 Pine Tree Rd.
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL. 32250
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 51136
	Jacksonville Beach FL 3224
	
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet 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	with and accept the obligations of the position.
Signature of New Re	egistered 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove		11/1	
2) Change			
Add		,	
Remove Change		NA	
Add		. ,	
Remove		1// A	
4) Change			
Add			
Remove		11/1	
5) Change			
Add		11	
Remove		1///	
6) Change		1011	
Add			
Remove			

	(Be specific)	10		
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		-		
				
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an amendment provides for an exch	iange, reclassification	a. or cancellation of	issued shares.	
an amendment provides for an exch rovisions for implementing the ame	nange, reclassification	n, or cancellation of ned in the amendme	issued shares, nt itself:	
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contai	n, or cancellation of ned in the amendme	issued shares, nt itself:	
rovisions for implementing the ame	nange, reclassification ndment if not contai	ned in the amendme	nt itself:	
rovisions for implementing the ame	nange, reclassification indment if not contai	ned in the amendme	issued shares, nt itself:	
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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contai	ned in the amendme	nt itself:	

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	(s) adoption:, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
Sienature	Feb 20
(B)	y a director, program or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Trimothy S. Millard (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)