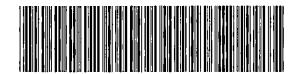
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bloom + GROW GARDEN SOCIETY, INC
DOCUMENT NUMBER: NO200009440
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAURA RADIUS (Name of Contact Person)
Bloom + GROW GARDEN SOCIETY, TWC
16871 SANCTUARY DRIVE (Address)
WINTER GARDEN, 7L 34787 (City/ State and Zip Code)
LAURA · RADIUS D GMail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAURA RADIUS at 708-308-9863 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ Certificate of Status (Additional copy is enclosed) ☐ Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

BLOOM + GROW GARDEN.	SocieTV, INC.	FILED
(Name of Corporation as currently filed with the Florida D	ept. of State)	2021. 11.00
N02000009440		2024 JUN 18 PH 4: 23
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corport	ation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbrevi	iation "Corp." or "Inc."
R. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>34787</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name	e of the
	URA RADIUS	
	1 SAWCTUARY DR.	
New Revistered Office Address:	•	
Win	OTER GARDEN.	Florida <u>34787</u> (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	Agent: niliar with and accept the obligations	of the position.
	use M. Vaden	anging

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 X Remove X Add	PT John 1 V Mike . SV Sally !	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Presiden	T BREWDA KNOWLES	14002 FAIRWAY WILLOW LAW WINTER GARDEN, 7L 34787
Remove	PRESIDENT	Jimmie Arwill	
2) X Change Add	TRESTUCE	Offinition In Will	404 Courtles Creek Dr. WINTER GARDEN, 7 L 34787
Remove Change Add	<u>V</u> 👰	Julie Dohse	631 OX FORD CHASE DR. WHITER GARDON, 71 34787
Add Remove 4) Change Add	<u>vē</u>	Berki LynoH	1130 Highgare Blud WINTERS CLARDEN, 71 34787
X Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	dding additional Ar sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A			
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The date of each amendment(s) adoptio date this document was signed.	n: <u>N/A</u>	, if other than the
	11/4	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	1 by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated June 9 2024
Signature Deura M. Padeus
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LAURA M. RADIUS
(Typed or printed name of person signing)
TREASURER (Title of person signing)