116000000521

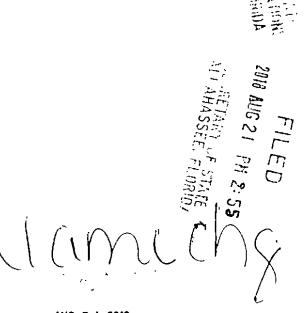
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

BLOOMING NAME OF CORPORATION:	FLILIES I, INC.			
N16000000521				
DOCUMENT NUMBER:	·	<u>.</u>		
The enclosed Articles of Amendment and fee	are submitted for filir	ıg.		
Please return all correspondence concerning the	nis matter to the follow	ving:		
CHELSEY ROBINSON				
	(Name of Co	ntact Person)	-	
Blooming Lilies I, Inc.				
	(Firm/ C	ompany)		
9501 SW 147TH STREET				
	(Add	lress)		
Miami, FL 33176				
	(City/ State a	nd Zip Code)		
mschelsey21@yahoo.com				
E-mail address: (to	be used for future an	nual report notificati	on)	
For further information concerning this matter	, please call:			
CHELSEY ROBINSON		305 at	9055702	
(Name of Contac	t Person)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount	made payable to the F	lorida Department c	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	g Fee & □\$43.75 Fil Status Certified C (Additional enclosed)	Copy Cer I copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address		Street Address	i	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

BLOOMING LILIES I. INC.			
(Name of Corporation as curren	tly filed with the Flo	ida Dept. of State)	
N16000000521			
(Document Numl	per of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not Fe	r Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corporat	ion:		
BLOOM I, Inc.		The	new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	ation" or "incorporated		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	·	
			2018
	_	27	=
C. Enter new mailing address, if applicable:		A SA P	AUG 2
(Mailing address MAY BE A POST OFFICE BOX)			
		mc .	-0
			Ьò
		7 m	25
D. If amending the registered agent and/or registered offines registered agent and/or the new registered office:		enter the name of the	•
new registered agent and/or the new registered wince	address.		
Name of New Registered Agent:			
New Registered Office Address:	(F	lorida street address)	
New Registered Office Mauress.			
	A Committee	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		the obligations of the position.	
	Signature of New Revis	tered Agent, if changing	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	-		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change		<u> </u>	
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5) Change			
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6) Change			
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If amending or adding ad (attach additional sheets, if	necessary). (Be s	pecific)			
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		6-27-2018	
	date of each amendment(s) ado	ption:	, if other than the
ane	this document was signed.	A10	
Effe	6-27-2 ective date <u>if applicable</u> :	018	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will nartment of State's records.	not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
	There are no members or member adopted by the board of director.	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated 6-27-2018		
	Signature	y Kobinson	
	have not been	provice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	Chelsey R	obinson	
		(Typed or printed name of person signing)	
	CEO		
		(Title of person signing)	