P09000027435

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	BLOQWEAF	R RETAIL, INC.	
DOCUMENT NUM	P09000027435		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Corina Biton		
		Name of Contact Person	1
	BlogUV		
		Firm/ Company	
	1803 NE 146TH STREET		
	North Miami, Fl 33181	Address	
	-	City/ State and Zip Code	e
	cbiton@bloquv.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Corina Biton		at (305	6273015
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depo	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	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

Bloowear Retail, Inc.

Brodwear Retail, Inc.	<u> </u>			
(Name of Corporation as curr	ently filed with the Florida I	Dept. of State)		
P09000027435				
(Document Numb	er of Corporation (if known)	<u>.</u>		.=.
Pursuant to the provisions of section 607,1006. Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corporatio</i>	n adopts the foll	owing amend	dment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>			
N/A			The i	
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp." "Inc." or "Co" "chartered," "professional association," or the abbreviation "P	'. A professional corporatio	ed" or the abbre n name must co	viation "Cor _l	p., ''
B. Enter new principal office address, if applicable:				_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
				_
	<u></u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		21 Jus	्राप्तुत्त्व इ. स्टब्स्
(Maining duales) MATT DE ATT OUT OF THE WORLD				المعدد
	<u> </u>			128 PH 5: 31
D. If amending the registered agent and/or registered office:	address in Florida, enter the	name of the		ري مزر
new registered agent and/or the new registered office add	ress:	THE OT THE	100.0	
N/A				
Name of New Registered Agent				
				
(Florid	la street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		tions of the posit	ion.	
. , ,,	·	,		
		_		
Signature of Ne	w Registered Agent, if changi	ng		
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:

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

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 Doe		
X Remove	<u>V</u>	Mike Jones	<u>5</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action	<u>Title</u>	<u>N</u>	<u>ame</u>	Address
(Check One)	COO	C	lary Blicksilver	5700 Collins Ave Apt 8J
Change X			· · · · · · · · · · · · · · · · · · ·	Miami Beach, FL 33140
Add				
Remove				
2) Change	•			
Add				
Remove Change			<u> </u>	
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Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

١	r adding additional Artic nal sheets, if necessary).	(Be specific)			
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	June 16, 2021	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, tartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amend icient for approval.	ment(s)
	oved by the shareholders through voting groups. The following s ach voting group entitled to vote separately on the amendment(s,	
	or the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
•	(voting group)	
Dated		
selected,	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
(Corina Biton	
_	(Typed or printed name of person signing)	
!	President/Owner	
_	(Title of person signing)	