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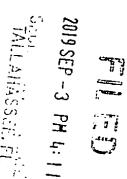
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Bloom Organi	ization II, Inc.	
DOCUMENT NUM	P14000100322		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corro	espondence concerning this ma	tter to the following:	
	Henry H. Bloom		
		Name of Contact Persor	1
	The Bloom Organization II, I	inc.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	18201 Collins Ave. #1209	, Sampan,	
		Address	
	Sunny Isles Beach, FL 3316	0	
		City/ State and Zip Code	e
dline	lenmayer@bloomllc.com		
	, 0	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Donna Lindenmayer		at (974-0700
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

the	13/60m	of ganization	6~ 11 / T	Lη	
(Name of Corporat	tion as currently fil	ed with the Florida Dept.			
(Document to the provisions of section 607.1006, Florid ts Articles of Incorporation:		rporation (if known) rida Profit Corporation ad	opts the following	ng amendn	nent(s)
A. If amending name, enter the new name of the c	orporation:				
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co"	'. A professional corpora	rated" or the dition name must	_The neabbreviation contain the	n
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			TALL/IH/	019 SEP - :	energy to
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>OX</u>) _		77. 67. 57.	<u> </u>	(aca)
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the nam	ie of the		
Name of New Registered Agent				_	
	(Florida street a		Elorido	_	
New Registered Office Address:	(Cit		, Florida	(Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	and accept the obligations	s of the position.		
Siv	nature of New Revis	stered Agent, if changing		-	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	S	Robert Goettling	21500 Biscayne Blvd. Suite 403		
X Add			Aventura, FL 33180		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add			197		
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					
Remove					

	eets, if necessary).	(Be specific)			
				· · · · · · · · · · · · · · · · · · ·	

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If an amount mont mo	wayidaa far an ayaha	ngo modessificatio	n or annuallation of	Fiscuad shares	
ti an amenument pi	rovides for an excha lementing the ameno le, indicate N/A)	dment if not contai	ned in the amendm	ent itself:	
(if not applicab					
provisions for imp (if not applicab				·	
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The date of each amendment		, if other than th
date this document was signed	. August 13, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Augu Dated Signature	st 29, 2019	
(E so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Henry H. Bloom	
	(Typed or printed name of person signing)	.
	Director	
	(Title of person signing)	