P17000051493

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations Bliss Enterprise Corp. NAME OF CORPORATION: P17000051493 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elliott Harris, Esq. Name of Contact Person Elliott Harris, P.A. Firm/ Company 111 SW 3rd Street, 6th Floor Address Miami, FL 33130 City/ State and Zip Code liza@eharrispa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 358-0146 Area Code & Daytime Telephone Number Elliott Harris Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

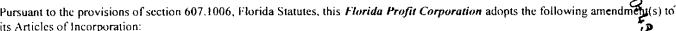
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BLISS ENTERPRISE CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)



| P1700003 | 51493 | .0. |
|---|--|---------------|
| (Document Num | nber of Corporation (if known) | 至 |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: | s, this Florida Profit Corporation adopts the foll | owing amendme |
| A. If amending name, enter the new name of the corporation | on: | |
| | | The new |
| name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevio | " or "Co". A professional corporation name r | |
| B. 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) | | |
| | | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac | | |
| Name of New Registered Agent | | |
| Name of New Regimered Agem | | |
| (Flor | rida street address) | |
| New Registered Office Address: | . Florida | |
| Now Reguler to Office Ham tim. | (City) | (Zip Code) |
| | | |
| Non-the-state of the state of the state of | | |
| New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan | | tion. |
| | | |
| | | |
| | | |

Signature of New Registered 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 | <u>PT</u> | John Doe | | | | |
|----------------------------|--------------|--------------------------|----------------------|--|--|--|
| X Remove | <u>V</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | | |
| 1) Change | PD | Gonzalo M. Sanchez | 1400 SW 27 Avenue | | | |
| Add | | | #102 | | | |
| XX Remove | | | Miami, Florida 33145 | | | |
| 2) Change | PD | Jose Francisco Velasquez | 1400 SW 27 Avenue | | | |
| XX Add | | | #102 | | | |
| Remove | | | Miami, Florida 33145 | | | |
| 3) Change | | | <u> </u> | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| uttach additional sh | eets, if necessary). | (Be specific) | | | | |
|----------------------|----------------------|-------------------|-------------------|--------------------|-------------|-------------|
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| an amendment n | rovides for an exc | hange reclassific | eation or cancel | lation of issued s | haree | |
| provisions for imp | lementing the am | endment if not co | ontained in the a | mendment itself | : | |
| | ble, indicate N/A) | | | | | |
| N/A | | | | | | |
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| The date of each amendment(s) a | doption: | , if other than the |
|--|---|--------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this lead ocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date we partment of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ad- by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. | |
| | proved by the shareholders through voting groups. The following statement 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/were adaction was not required. | opted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adaction was not required. | opted by the incorporators without shareholder action and shareholder | |
| June 2 Dated | 0, 2017 | |
| Signature | 2 Luin | |
| (By a c | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary) | |
| | ELLIOTT HARRIS | |
| | (Typed or printed name of person signing) | |
| | Authorized Agent | |
| | (Title of person signing) | |