P190000000025

(Re	equestor's Name)	-
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ INBLOOM GROUP INC DOCUMENT NUMBER: P18000000025 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FERNANDO PALLARES Name of Contact Person INBLOOM GROUP INC Firm/ Company 7825 NW 29th ST STE 105 Address DORAL, FL 33122 City/ State and Zip Code andres@inbloomgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 905 0159

Area Code & Daytime Telephone Number **FERNANDO PALLARES** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

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

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of Stat	<u>e</u>)	
P18000000025			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the	following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
NA		The	new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mu.	breviation "Co st contain the	orp.," word
B. Enter new principal office address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·	
			
C. Enter new mailing address, if applicable:	NA		
(Mailing address MAY BE A POST OFFICE BOX)		:23	
		<u> </u>	
		\$ 1	्र है श्रमाच्य
D. If amending the registered agent and/or registered office ad	ldross in Florida, enter the name of th	72	-
new registered agent and/or the new registered office addre	ess:		
NA		±124 ΩΩ .>	
Name of New Registered Agent		1 te	
(Florida :	street address)		
	. Florid	•	
New Registered Office Address:	(City)	(Zip Code)	

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	HORTENSIA ULLIVARRI	PO BOX 527626
Add			MIAMI, FL 33152
Remove 2) Change	CEO	PABLO EGAS	PO BOX 527626
X Add			MIAMI, FL 33152
Remove 3) Change	P	FERNANDO PALLARES	9313 NW 48 DORAL TERRACE
X Add			MIAMI, FL 33178
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change		-	
Add			
Remove			

(Attach additional sheets, if necessar	Articles, enter change (Be specific)	13, HCI C.		
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If an amendment provides for an	exchange, reclassificat	tion, or cancellation	of issued shares,	
provisions for implementing the	amendment if not cont	tained in the amendi	nent itself:	
(if not applicable, indicate N/	4)			
A				
	<u> </u>			
		<u> </u>		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholde	er action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 2	113/2021 Nal	<u> </u>
selecte	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other officer by that fiduciary)	
	FERNANDO PALLARES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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