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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	InBloom Group In ORATION:	c			
DOCUMENT NUM	P18000000025 MBER:				
The enclosed Articl	es of Amendment and fee are su	ubmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Hortensia Ullivarri				
	Name of Contact Person InBloom Group Inc				
	Firm/ Company 7825 NW 29 Street #105				
	Doral, Fl 33122				
	e				
	hortensia@inbloomgroup.com	n			
	E-mail address: (to be us	sed for future annual report	notification)	ج ج	
For further informat	ion concerning this matter, plea	se call:		21123 JUL 21 51.07-14 Traile	
Hortensia Ullivarri		305 at (4360030	L 21	
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	E	
□ \$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)	- H	
Mailing Address Amendment Section			Address		

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

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with	the Florida Dept. of Sta	<u>te</u>)
(Document	t Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statistis Articles of Incorporation:	atutes, this <i>Florida Pro</i>	fit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc.," or "chartered," "professional association," or the abbrevial	r "Co". A profession	r "incorporated" or the at al corporation name mu	obreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)	-	
			
	-		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(MAN OF THE BOX			
			
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the	<u></u>
new registered agent and/or the new registered office	ce address:	-	•
Name of New Registered Agent		····	
			50 23
•	(Florida street address)		
New Registered Office Address:		. Florida	21
	(City)		(Zip Code)
			7 7 2
New Registered Agentle Signature if skyring Decision			2: 27 1: SPATI 1: SPATI
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and acce	ept the obligations of the p	
		,	
Simoton	a af Nav Danisa v d A		
·	e of New Registered Ago	eni, ij changing	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) (c), 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 = 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 Doc		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
	P	Fernando Pallares	9313 NW 48 DORAL TERRACE, Miami Ft 33178	
$ \begin{array}{c} $	COO	Pablo Egas	7825 NW 29 Street #105, Doral, FI 33122	
Add Remove Change X	CEO	Flavio Ullivarri	7825 NW 29 Street #105, Doral, FI 33122	
Add Remove 4) Change	CINO	Hortensia Ullivarri	7825 NW 29 Suret #105, Doral, FI 33122	
Add Remove 5) Change Add			21/21 JUL 21 FH 2: 27 31/07 July 21 FH 2: 27 17/11 July 21 FH 2: 27 17/11 July 21 FH 2: 27	
Remove Change Add Remove				

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)		
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			<u></u> _
			
		-	
			
		_	
			
an amendment provides for an exch	ange, reclassification, or cancella	ttion of issued shares,	_
ovisions for implementing the amer (if not applicable, indicate N/A)	lament if not contained in the an	nendment itself:	SECTION OF
			750
	· · · · · · · · · · · · · · · · · · ·		1111
			F 2
	<u> </u>		FITE 2
			·

07/13/2023

The date of cardate this docum	ch amendment(s ent was signed. ₀) adoption:			, if other than the
Effective date i		//13/2023			
	<u> аррисаніс.</u>	(no n	nore than 90 days after amer	ndment file date)	
Note: If the da	ite inserted in the	s block does not mee Department of State's	t the applicable statutory fil s records.	ling requirements, this date w	ill not be listed as the
Adoption of Ar	nendment(s)	(CHECK	<u>ONE</u>)		
The amendm action was no	nent(s) was/were ot required.	adopted by the incorp	orators, or board of directors	s without shareholder action an	d shareholder
The amendm by the share	ent(s) was/were holders was/were	adopted by the shareh sufficient for approve	olders. The number of votes	s cast for the amendment(s)	
☐ The amendm must be sepa	ent(s) was/were prately provided	approved by the share for each voting group	holders through voting group entitled to vote separately of	ps. The following statement on the amendment(s):	
"The n	umber of votes ca	st for the amendment	(s) was/were sufficient for a	ipproval	
by		(voting gro			
			up)		
	07/13/20	23			
	Dated	-			
	Signature	FL/			
	selec	director, president or ted, by an incorporate inted fiduciary by that Flavio Ullivarri	other officer – if directors of or – if in the hands of a receive t fiduciary)	or officers have not been ver, trustee, or other court	_
			-		202 Sc
		(Typed CEO	or printed name of person si	gning)	150 JUL 21
		(Title of	person signing)		PH 2: 27