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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Blossom Futures Learning Center Inc. P18000009185 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Evelyn Noel Name of Contact Person Evelyn Noel Accountant Firm/ Company 3711 Trout River Blvd. Address Jacksonville, Florida 32208 City/ State and Zip Code Enoel0198@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Evelvn Noel Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Blossom Futures Learning Center Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
PP18000009185		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
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.	A professional corporation name must	reviation "Corp" contain the word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		53
		<u>**</u>
		
o n		***
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		ي، رئ
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent N/A		
(Florida s	street address)	
New Registered Office Address:	Florida	(Zip Code)
	(0.0)	•
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the po	sition.
Signature of New	Registered Agent, if changing	
Signature of them		
Check if applicable		

 \square 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)

Example:

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> 74</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>		Tashania L Horbbs	4321 Jammes St
Add XXX Remove				Jacksonville, Florida 32210
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
other amendments	
· · · · · · ·	
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	September 18, 2020	
The date of each amendmen		, if other than the
date this document was signed	September 18, 2020	
Effective date if applicable:		
- •	(no more than 90 days after amendment file o	late)
	this block does not meet the applicable statutory filing require he Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sh	areholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	e amendment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The folion of the folion of the folion of the amenda of the control of the same of	lowing statement lment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
DatedSignature &	mber 18, 2020	
So	a director, president or other officer – if directors or officers heeted, by an incorporator – if in the hands of a receiver, trustee pointed fiduciary by that fiduciary)	
	Richsharia Doniquie Wilkins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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