## P18000064726

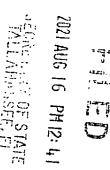
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| <b>,</b>                                |
| (Address )                              |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (business choty Name)                   |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| <u></u>                                 |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| _                                       |

Office Use Only



100371765251

08/15/21--01017--021 \*\*35.00



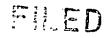


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | PRATION: 59 & Bluebell, Im                  | nc<br>   | ·   |  |  |
|--|---|--|---|--|--|
|  | IBER: P18000064726                          |  |   |  |  |
| The enclosed Article.  | s of Amendment and fee are su               | ibmitted for filing.   |   |  |  |
| Please return all corre  | espondence concerning this ma               | atter to the following:  |   |  |  |
|  | Catherine Arbogast                          |  |   |  |  |
|  | Name of Contact Person  Firm/ Company       |  |   |  |  |
|  |   |  |   |  |  |
|  | 135 E. Jasmine Drive                        |  |   |  |  |
|  | Address                                     |  |   |  |  |
|  | West Palm Beach, Fl 33403                   |  |   |  |  |
|  | City/ State and Zip Code                    |  |   |  |  |
|  |   |  |   |  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                     | notification)   |  |  |
| or further information   | on concerning this matter, pleas            | se call:   | 767-6870  |  |  |
| Name   | of Contact Person                           |  | )<br>de & Daytime Telephone Number  |  |  |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Depa                                      | urtment of State:   |  |  |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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<br>Divisio<br>The Co                                       | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |  |  |
|  |   | Tallahassee, FL 32303  |   |  |  |

## Articles of Amendment Articles of Incorporation



| Articles   | of Incorporation                        | FILED  |
|--|---|--|
| 59 & Bluebell, Inc.  | of                                      | 2021 AUG 16 PM 12: 41  |
| (Name of Corporation as cu   | rrently filed with the Florida          | Dept. of State) OF CTATE   |
| P18000064726   |   | TALLAHAGSEE, FL  |
| (Document Nun  | nber of Corporation (if known           | )  |
| Pursuant to the provisions of section 607,1006. Florida Statutes its Articles of Incorporation:  | s, this <i>Florida Profit Corpora</i> i | tion adopts the following amendment(s)                                   |
| A. If amending name, enter the new name of the corporation   | on:                                     |  |
| name must be distinguishable and contain the word "corporatio" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation  | o". A professional corporat             | The new ated" or the abbreviation "Corp" tion name must contain the word |
| B. Enter new principal office address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |
|  |   |  |
|  |   | <del></del>  |
| C. Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
|  |   |  |
|  |   |  |
| Control of the state of the sta |   | hu namu af tha   |
| <ol> <li>If amending the registered agent and/or registered office<br/>new registered agent and/or the new registered office ad</li> </ol>   |   | ne name of the   |
| Name of New Registered Agent   |   |  |
| Name of New Negistered Agent   |   |  |
| (Flor  | rida street address)                    |  |
|  |   | 19. 14.  |
| New Registered Office Address:   | (City)                                  | , Florida<br>/Zip Code)  |
|  |   |  |
|  |   |  |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am fam   | Agent:                                  | gations of the position  |
| nereny accept the appointment as registered agent. I am jun  | una accepi ine obig                     | gations of the position.   |
|  |   |  |
|  |   | <u> </u>   |
| Signature of i   | New Registered Agent, if chan           | ging   |
| Check if annicable   |   |  |

☐ 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)

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>             | <u>Addres</u> s           |
| 1) Change                  | ٧         | ATWATER BRIAN & CO, LLC | 1203 Town Center Dr. #109 |
| X Add                      |           |                         | JUPITER, FL 33458         |
| Remove                     |           |                         |                           |
| 2) Change                  |           |                         |                           |
| Add                        |           |                         |                           |
| Remove 3 ) Change          |           |                         |                           |
| Add                        |           |                         |                           |
| Remove                     |           |                         |                           |
| 4) Change                  |           |                         |                           |
| Add                        |           |                         |                           |
| Remove                     |           |                         |                           |
| 5) Change                  |           |                         |                           |
| Add                        |           |                         |                           |
| Remove                     |           |                         |                           |
| 6) Change                  |           |                         |                           |
| Add                        |           |                         |                           |
| Remove                     |           |                         |                           |

|             | ach additional sheets, if necessary). (Be specific)  |
|-------------|--|
|             | ach additional sheets, if necessary). (Be specific)  |
| _           |  |
|             |  |
| _           |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
| _           |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
| _           |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             | Notes of the state |
| <u>If a</u> | in amendment provides for an exchange, reclassification, or cancellation of issued shares,   |
| <u>If a</u> | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a<br>pr  | an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |
| If a<br>pr  | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If s        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| If a        | ovisions for implementing the amendment if not contained in the amendment itself:  |
| <u>If a</u> | ovisions for implementing the amendment if not contained in the amendment itself:  |

| The date of each amendment(s) ac  | loption:  | , if other than the                         |
|---|---|---|
| date this document was signed.  |   |   |
| Effective date <u>if applicable</u> :                                     |   | <del></del>                                 |
|   | (no more than 90 days after amendment file  | date)                                       |
| Note: If the date inserted in this be document's effective date on the De | lock does not meet the applicable statutory filing require partment of State's records.   | ements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |   |
| ☐ The amendment(s) was/were add action was not required.                  | pted by the incorporators, or board of directors without s  | hareholder action and shareholder           |
| ■ The amendment(s) was/were add<br>by the shareholders was/were su        | pted by the shareholders. The number of votes cast for the flicient for approval.   | he amendment(s)                             |
|   | roved by the shareholders through voting groups. The foe each voting group entitled to vote separately on the amer  |   |
| "The number of votes cast   | for the amendment(s) was/were sufficient for approval   |   |
| by  | ,   |   |
|   | (voting group)  |   |
| Dated   | Just 11, 2021   |   |
| selected  | rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary) |   |
|   | Catherine Arbogast (Typed or printed name of person signing)  |   |
|   | Proident (Title of person signing)  |   |