P180000 67893

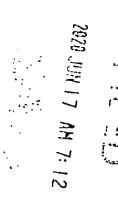
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: POETIC NOMAD	INC			
DOCUMENT NUMBER:					
The enclosed Articles of Ai		bmitted for filing.			
Please return all correspond	lence concerning this ma	tter to the following:			
NIC	OLE ALVAREZ				
		Name of Contact Person	n		
TAX HOUSE GABLES					
		Firm/ Company			
2130	SW 13 AVENUE				
Address					
MIAMI FL 33145					
-	· · ·	City/ State and Zip Cod	e		
ни	MANSBLOOM@OUTL	оок.сом			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information con	cerning this matter, pleas	se call:			
NICOLE ALVAREZ		at (305	972-9050		
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division (P.O. Box	ent Section of Corporations	Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

POETIC NOMAD				
(Name of Corporation as cur	rently filed with the	Florida Dept. of State)		_
P18000067893				
(Document Num	ber of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit C</i>	Corporation adopts the following	ing amo	endment(
A. If amending name, enter the new name of the corporatio	<u>n:</u>			
HUMANS BLOOM, INC			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 "i	". A professional c		tion "C	orp.,"
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			020	
			1 =	<u>.</u>
				- A-6
C. Enter new mailing address, if applicable:		12.2	7	: 1 ()
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
			7.	
		•	2	
D. If amending the registered agent and/or registered office		enter the name of the		
new registered agent and/or the new registered office add	dress:			
Name of New Registered Agent			_	
			_	
(Florid	da street address)			
New Registered Office Address:		, Florida		
	(City)	(Zip	(Code	
New Registered Office Address: New Registered Agent's Signature, if changing Registered A	(City)		Code)	
I hereby accept the appointment as registered agent. I am fami	<u>gent.</u> liar with and accept t	he obligations of the position.		
Signature of N	ew Registered Agent,	if changing	_	
	- · · · · · · · · · · · · · · · · · · ·	2		
Theck if annlicable				

☐ 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office k 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 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 Charalter Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	DТ	John Des	
<u>A_</u> Change	PŢ	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
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets,	if necessary).	(Be specific)				
<u>.</u>							
						<u> </u>	<u> </u>
_							
		-		<u> </u>			
-					<u> </u>		
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	 	·			<u>-</u>	- · · · ·	
	, .						
	-						
f an ame	endment provid	les for an exch	ange, reclassif	lication, or car	ncellation of iss	ued shares,	
<u>provisio</u>	ns for impleme	nting the amer	ndment if not	contained in t	he amendment	itself:	
(ij n	ot applicable, in	iaicaie N/A)					
				<u>.</u>			
							· · · · ·
							•

	tion:	, if other than
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 block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date we ment of State's records.	vill not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h 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)	
06/09/2020 Dated		
· •	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
appointed f	iduciary by that fiduciary)	
NIC	COLE ALVAREZ	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	