P19000037382

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Blossoming Wellbeing DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: La Tasha Al-Jarboua Name of Contact Person Blossoming Wellbeing Firm/ Company 5455 8th St. Unit 81 Address Carpinteria, CA 93013 City/ State and Zip Code laljarboua@blossomingwellbeing.page E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: La Tasha Al-Jarboua Name of Contact Person Area Code & Daytime Telephone Number 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Blossoming Wellbeing Corp.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P19000037382		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevio professional corporation name must con	tion "Corp.," tain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<i>N/A</i>	7520
		720 APR -R
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH 3: 06
		02
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent M/A	-	_
(Florida stree	et address)	_
New Registered Office Address:(\) / / / / / / / (0	City) , Florida (Zi	p Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position	1.
NIA		
Signature of New Reg	gistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	e), F.S.	

address of each Officer of (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D if necess rector titl President Chief Fi ector wot in the for	sury) It by the first letter of the office title: It: T= Treasurer; S= Secretary; D= Director; TR= Trus inancial Officer. If an officer/director holds more than o uld be PTD. Ilowing manner. Currently John Doc is listed as the PS orporation, Sally Smith is named the V and S. These sho	stee; C = Chairman of Clerk; CEO = Chief ne title, list the first let er of each office held. T and Mike Jones is listed as the V. There is
X Change	PT	<u>John Doe</u>	
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
I) Change	P	Regina Ewing	329 E. 55th St.
Add			Long Beach, CA 90805
X Remove		_	
2) Change		-	
Add			
Remove Change			
Add		-	
Remove		-	
4) Change		-	
Add		-	
Remove		-	
5) Change			
Add		-	
Remove		-	
6) Change			
Add			
Remove		_	

ttach additional sheets, if necessary). (Be specific)	1
NIA	1
	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	l l
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ļ
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NIA	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	1
4/1/2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	wll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	1
by'''	
(voting group)	1
3/31/2020 Dated	
Signature J. Alfalborna	
(By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
La Tasha Al-Jarboua	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	·