P19000039022

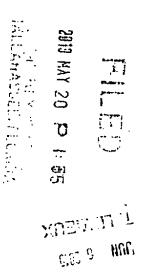
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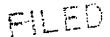
COVER LETTER

7

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLOOM SPECIAL	JST, CORP			
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
I	PAUL EDMUNDO BETANG	COURT			
-		Name of Contact Persor	1		
1	BLOOM SPECIALIST, CORP.				
-		Firm! Company			
	10280 NW 63RD TERRACE	,			
-	<u> – </u>	Address			
	DORAL, FL 33178				
-		City/ State and Zip Code	2		
VICE	NTE@TAXEFS.COM				
		sed for future annual report	notification)		
For further information PAUL E. BETANCOL	concerning this matter, pleas		6489477		
Name o	f Contact Person	at (Area Co) 6489477 de & Daytime Telephone Number		
	the following amount made				
S35 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301		

Articles of Amendment to Articles of Incorporation of



BLOOM SPECIALIST, CORP. (Name of Corporation as currently filed with the Florida Dept of State) P19000039022 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>V</u>	KATHIA E. BETANCOURT	10280 NW 63RD TERRACE
Add			SUITE #210
Remove			DORAL, FL 33178
2) Change	Р	PAUL EDMUNDO BETANCOURT	10280 NW 63RD TERRACE
X Add			SUITE #210
Remove			DORAL, FL 33178
3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Channe			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Α	heets, if necessary)	in the aprecipitor	•			
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If an amendment:	<u>provides for an ex</u>	<u>.change, reclass</u>	ification, or cance	llation of issued s	hares,	
ar an amendment	plementing the an	<u>nendment if not</u>	t contained in the	<u>amendment itselt</u>	<u>:</u>	
provisions for im	ible, indicate N/A)					
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
iate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	The more man so days after amenancing the date;	
Note: If the date inserted in this document's effective date on the Do	block does not meet the applicable statutory filing requirements, this capartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen afficient for approval.	r(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 5-	-17-19	
Daleu	lirector, president or other officer – if directors or officers have not bee	
Signature		
(B) a	lirector, president or other officer - if directors or officers have not bee	n
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	urt
	KATHIA E. BETANCOURT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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