P19000060947

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
a. o.e.s			
.IUN 1) 4 2022			
6/3/22			





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FILED

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

Received 14 2022 JUN -3 AM 7: 59

SECRETARY OF STATE TALLAHASSEE, FL

April 28, 2022

THAMARA PEREZ 419 W 49 ST SUITE 111 HIALEAH, FL 33012

SUBJECT: IT HOME, INC Ref. Number: P19000060947

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L21000060498 - EDGE COFFEE LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 922A00009942

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IT HOME, INC						
DOCUMENT NUMBER: P19000060947		·				
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	itter to the following:					
Thamara Perez						
	Name of Contact Person	1				
Tabadesa Associates, Inc	Tabadesa Associates, Inc					
	Firm/ Company					
419 W 49 ST , Suite 111						
	Address					
Hialeah, FL 33012						
 	City/ State and Zip Code					
tammyp@tabadesa.com						
7 · -	sed for future annual report	notification)				
For further information concerning this matter, please Thamara Perez	se call:at (558-0622				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

IT HOME, INC	700. JUN -3 PM 6: 21		
(Name of Corporation	as currently filed with the Florida Dept. of State)		
P19000060947	SECRETARY OF STATE		
(Documen	t Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corp	oration:		
AMERICAN BLEND EDGE COFFEE, INC	The new		
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registe	ered Agent:		
	m familiar with and accept the obligations of the position.		
Sionatu	re of New Registered Agent, if changing		

Check if applicable

■ 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	NASHRAH M. KHALED	9320 SW 6 CT	
X Add			PEMBROKE PINES, FL 33025	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove			 	
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
	
	- <u> </u>
	
-	
If an amendment provides for an each	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	united in not contained in the antenument usen.
·	

	03/11/2022	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	1/2022	
Effective date <u>if applicable</u> :	(lays after amendment file date)
	(no more man 90 c	uys after amenamem fae aate)
Note: If the date inserted in this bl document's effective date on the De		ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or bo	ard of directors without shareholder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf		number of votes cast for the amendment(s)
		gh voting groups. The following statement steeparately on the amendment(s):
140	of the amendment(s) was/were	sufficient for approval
by Charles		
	(voting group)	
03/11/2022 Dated		<u> </u>
Signature		
(By a dir	ector, president or other officer	- if directors or officers have not been
		nands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)	
	MASUM RAHMAN	
-	(Typed or printed na	me of person signing)
	TREASURER	
	I KEASOKEK	

(Title of person signing)