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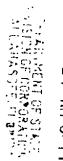
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Blonde	e Cookies Corp
DOCUMENT NUMBER: PLOCO	09590
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Bluna (e 103 Ag Miami Is	e of Contact Person ee (bokies) Firm/ Company Address Cach FL 3314/ State and Zip Code Tinger @ gmail. com inture annual report notification)
For further information concerning this matter, please call:	
Hilen Messinge 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:
Certificate of Status Certificate Of Status (Ad	3.75 Filing Fee & Certificate of Status ditional copy is closed) \$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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Blonder-Cookies Corp					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P20000009390					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation: CoEd Cookies Corp 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."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
(same as previous)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
(same as previous)					
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:, Florida					
(City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:					
I bearby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
Thereby accept the appointment as registered agent. I am juminar and accept the appointment as registered agent. 20 HAR TI					
Signature of New Project and Agent if changing 200					
Signature of New Acquisiered Agent, if changing					
Check if applicable					
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.					
and the second of the second o					
)					

ng removed and title, name, as

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:

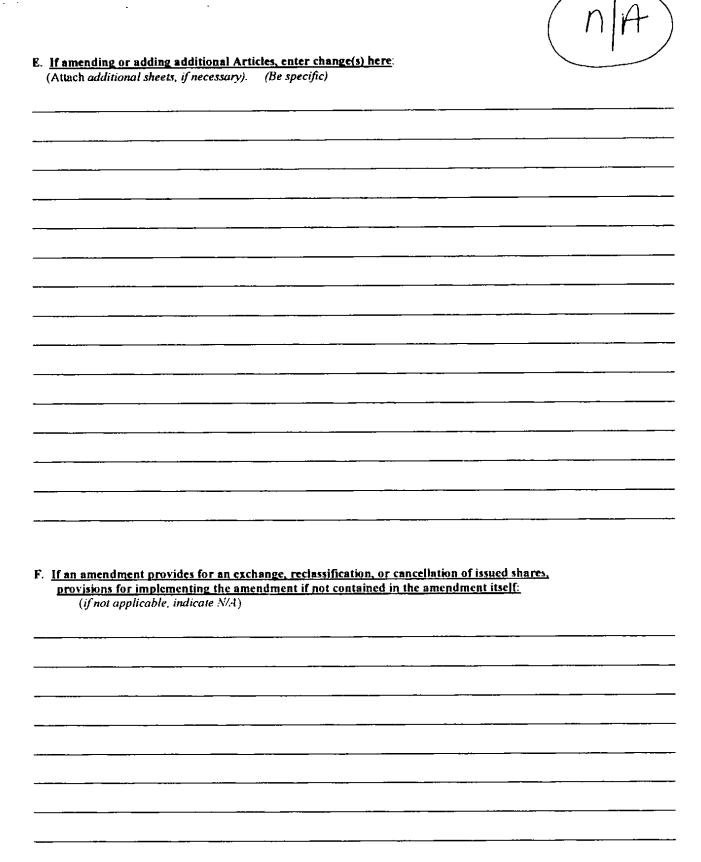
(Attach additional sheets, if necessary)

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 Do	<u>×e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>\$V</u>	Sally Sn	nit <u>h</u>	
Type of Action (Check One)	Title		Name	<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				



The date of each amendment(s) adop	tion:	if other than the
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 bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this rtment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendmented for approval.	nt(s)
	ved by the shareholders through voting groups. The following state ch voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
, 	(voting group)	
Dated MA	rch 20, 2020	
Ni-autori	\mathcal{M}	
	ctor, president or other officer - if directors or officers have not bec	
	by an incorporator – if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	ourt
арухниса	Aileen Messir	1Ger
	(Typed or printed name of person signing)	— <i>U</i>
	President	
	(Title of person signing)	

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