P20 0000 17493

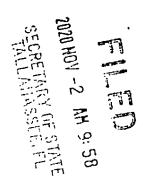
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12/14/20

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: Blossom Coffee Co. P20000017493 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Virginia Dyer
Name of Contact Person Firm/ Company 2983 Bonaventure Cir #201 Palm Harbor, FL 34684 City/State and Zip Code inbloom bakery @ amail. com
E-mail address: (to be used for dature annual report notification) For further information concerning this matter, please call: Virginia Oger at 39 290 - 4295

Same of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

FILED

Articles of Incorporation of		
Blossom Coffee	Co	2020 HOV -2 AM 9: 58
(Name of Corporation as curi	rently filed with the Florida	Dent of State
P200000 I	7493	SECRETARY OF STATE TALLAHASSET, FL
	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	n:	
In Bloom Ir	_ \^	The new
name must be distinguishable and contain the word "cornoration	" "company," or "incorpor	rated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co	". A professional corpora	tion name must contain the word
"chartered," "professional association," or the abbreviation "I	?.Α." \	
B. Enter new principal office address, if applicable:	<u>_N/A</u>	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
		<u> </u>
C. Enter new mailing address, if applicable:	41/0	
(Mailing address MAY BE A POST OFFICE BOX)	_N/ /\	<u></u>
		
D. If amending the registered agent and/or registered office	address in Florida, enter t	he name of the
new registered agent and/or the new registered office ado	<u>iress:</u>	
Name of New Registered AgentN/A		<u></u>
λ / Λ		
N_/17	da street address)	
11//		
New Registered Office Address: NJA	(City)	, Florida (Zip Code)
	(Cily)	,
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obli	gations of the position.
NIIN		
	ew Registered Agent, if chan	agino
Signature of N	ев педыини пдени и снав	rama.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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)

Example:

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	NA	NA	N/A
Add			
Remove 2) Change	NIA	NIA	NIA
Add			
Remove Change	NIA	NIA	N/A
Add			
Remove 4) Change	N/A	N/A	N/A
Add			
Remove 5) Change	NIA	N/A	NIA
Add			
Remove	νΔ	\$ 1 / n	<u> </u>
6) Change	<u> N/A</u>	N/A	<u> </u>
Add			
Remove			

NI/A	al sheets, if necessary).	(Be specific)			
NA					
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If an amendm	nt provides for an exch	nange, reclassificati	on, or cancellation	of issued shares,	
provisions fo	implementing the ame licable, indicate N/A)	ndment if not cont	ained in the amend	lment itself:	
(ij not apj	I IA				
11 1	<u> </u>				
			<u></u>	<u> </u>	
				<u> </u>	
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The date of each amendment(s) adoption:	10/23	13030	, if other than the
date this document was signed. Effective date if applicable:	10/23	12020	
	(no more than 90 do	ays after amendment fi	e date)
Note: If the date inserted in this block does r document's effective date on the Department of	not meet the applicabl f State's records.	le statutory filing requ	rements, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)		
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or boa	rd of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		imber of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders throug g group entitled to vot	th voting groups. <i>The jest separately on the am</i>	ollowing statement endment(s):
"The number of votes cast for the ame	endment(s) was/were s	sufficient for approval	
by	ting group)	·	
011)	инд дгоцрт		
Dated 0/23/	2020		
Signature Lul	/)		
(By a director, pres selected, by an inc	sideAt or other officer orporator – if in the hay by that fiduciary)	if directors or officer ands of a receiver, trus	s have not been ee, or other court
	Vir Ginial (Typed or printed nan	ne of person signing)	
	Presider (Title of person signing)	1+	