P20000037140

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OCT 10 2020

COVER LETTER

TO: Amendment Sect Division of Corpo			•		
NAME OF CORPOR	RATION:B	lisk Corp 1037140			
DOCUMENT NUME	BER: <u>P2000</u>	037140			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	Stuart	m Smith			
		Name of Contact Person			
		Blisk Corp	12.00		
	0000 0	Firm/ Company	^		
	1232 6	A HWY 219	<u>1</u>		
			2:000		
	Port.		31808		
	·	City/ State and Zip Code	•		
	Stumar	rito e hotma	ail icom		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Stuart	M Smith	at (404	446 5064		
Name o	of Contact Person	. Area Coc	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
\$35 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)		
	ling Address	Street A	Address		
	ndment Section sion of Corporations		ment Section		
	Box 6327		n of Corporations entre of Tallahassee		
	thassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Blisk	(200				
(Name of Corporation as currently		orida Dept. of S	ta tei	2020	
P2000037			ALC RE	D AUG	
(Document Number of		iown)	£5	~ ~ ~ · ~ ·	CHAINS CHAINS
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Cor	poration adopts	ASSET S	T	me hdine nt
A. If amending name, enter the new name of the corporation:				÷-	
NIA			ודנ	. 	ie 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."				viation *	Corp.,"
B. Enter new principal office address, if applicable:	35	KIBBEE	ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HPAL	UKINSVIL	LE	GA	<u>3i</u> 03
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA				
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, en	ter the name of	<u>the</u>		
Name of New Registered Agent					
	· · · · · · · · · · · · · · · · · · ·				
(Florida stre	et address)				
New Registered Office Address:		, Flor			
	City) (ith and accept the		(Zip Code	?)
			·		
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), 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	PT John Do	e	
X Remove	V Mike Jo	_	
X Add	SV Sally Sn		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Chairmen	Shalom Goldberg	35 KIBBEE ST
_X Add		•	HAWKINSVILLE GA 31036
Remove	T S		
2) Change	Secretory	Stuart M Smith	7232 GA HWY 219
X Add			Fortson 6A 31808
Remove Change	<u>P</u> _	Blish Corp	
Add			328 KIBBEE ST
X Remove			HAWKINSVILLE GA 31036
4) Change	P	Blish Gorp	328 KIBBE ST
Add		·	HAWKINSVILLE GA 3103
X Remove	-		· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

	tional sheets,	•							
Acc	ticle	<u>IV</u> -	- the	Mumbe	r of	autho	inzed	shares	
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lf an amana	desant avanis	ton for an ov	change, recla	ssification o	r aamaallati	ion of igened	Lohawas		
provisions		nting the an	iendment if n						
							•		
			, .						

The date of each amendment(s) adoption: July 1, 2020 , 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
by''
(voting group)
Signature (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)
Stuart M Smith (Typed or printed name of person signing)
Treasenre & Secretary (Title of person signing)