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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Blow-Tique, Inc.			<u> </u>
DOCUMENT NUME	P20000072226			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following	g:	
	Stephanie B. Teasley			
		Name of Contac	et Person	
	Teasley & Associates, P.A.			
		Firm/ Comp	pany	<del></del>
	222 S. U.S. Highway One, St	rite 205		
		Address	5	
	Tequesta, FL 33469			
·		City/ State and I	Zip Code	
	sbt@teasleyassoc.com			
	E-mail address: (to be us	ed for future annua	al report no	tification)
For further information	n concerning this matter, pleas	se call:		
Stephanie B. Teasley		at (	)	401-9986
Name o	of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Flor	ida Departi	nent of State:
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	:	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314		Division of The Cent 2415 N.	Idress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 ee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Blow-Tique, Inc.		
(Name of Corporation a	as currently filed with the Florida Dept. of State	)
P20000072226		
(Document	Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corpo	<u>oration:</u>	
Blown Away Air Bar, Inc.		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	r "Co". A professional corporation name mus	breviation "Corp.," t contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>::SS</u> )	
C. Enter new mailing address, if applicable:		20
(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 offi		3 6 1 4: 4:
Name of New Registered Agent		<u></u>
	(Florida street address)	<del></del>
New Registered Office Address:	, Florida	(Zip Code)
	· · · · · · ·	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the p	osition.
Signatur	e 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)

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.

Mike Jones  Sally Smith  Name  Ellen Lillian	Address  2925 SW Lauren Way  Palm City, FL 34990
<u>Name</u>	2925 SW Lauren Way
	2925 SW Lauren Way
Ellen Lillian	
	Palm City, FL 34990
	- <u>-</u>
<u> </u>	

	Iding additional Ar sheets, if necessary).	(Be specific)			
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f an amendment	provides for an exc	hange, reclassifica	<u>ition, or cancella</u>	tion of issued sha	<u>ires,</u>
provisions for im	oplementing the am able, indicate N/A)	endment it not co	ntained in the am	endment itsell:	
лу погаррисс	ame, indicate (VA)				
	<del></del>				
			<del></del> -	<del></del>	

	(s) adoption:, if other than th
date this document was signed	
Effective date <u>if applicable</u> :	10/01/2020
r.Hective date <u>ir appincame</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/wer by the shareholders was/wa	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement d 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
bv	
<del></del>	(voting group)
10/15. Dated	/2020
e:	$1 \sim$
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Natasha PInder
	(Typed or printed name of person signing)
	President
	(Title of person signing)