P21000055803

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bomb Nutrition	INC.	
	BER: P21000055803		
The enclosed Articles	of Amendment and fee are	submitted for filing.	
	espondence concerning this n		
	Mcagan McClain		
	Bomb Nutrition INC.	Name of Contact Pers	on
	703 Barrister Drive	Firm/ Company	
	Auburndale, FL, 33823	Address	
		City/ State and Zip Coo	Je
	bombnutrition863@gmail.co		
	concerning this matter, plea	sed for future annual repor	1 notification)
leagan McClain		at (863	289-1416
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
nclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
1 835 Filing Fee	■843.75 Filing Fee & Certificate of Status	☐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 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BOMB NUTRITION, INC.	
(Name of Corporation as currently file	ed with the Florida Dept, of State)
P21000055803	
(Document Number of Co.	poration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."	nany," or "incorporated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
_	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
_	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street a	(dress)
New Registered Office Address:	Florida
(Ciņ	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	<i>(</i>) a
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position. $\sum_{i=1}^{\infty}$
Signature of New Regist	ered Agent, if changing
	Sp
Check if applicable [] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c).	~. .
The unenunent(s) is are being med parsuant to 5, 507.0120 (117(c).	

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 Doc 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 Doc. 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	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	V	Michelle Grabowski	610 Magnolia Ave. Ste. A
x Add			Auburndale, Fl 33823
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if n	itional Articles, ent	er change(s) her	<u>e</u> :		
(Alach additional sneets, if n	ecessary, the spi	ecyte)			
		<u>,</u>			
			-		
			-		
			-		
					
If an amendment provides	for an exchange, re	eclassification, or if not contained	<u>r cancellation of i</u> in the amendme	<u>ssued shares.</u> at itself:	
provisions for implementi (if not applicable, mdic	rate N/A)				
ichelle Grabowski has 50% ov	wnership.				
					

The date of each amendment(s)	7/9/2021 adoption: if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	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)	(CHECK ONE)
The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
7/9/2021	
Dated	
Signature	rea-Maller
selec	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court attend fiduciary by that fiduciary)
	Meagan McClain
	(Typed or printed name of person signing)
	President
	(Title of person signing)