P22000009294

(Re	equestor's Name)	
(Ad	idress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
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2022 APR -4 AM II: O SECRETATION STATI

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COVER LETTER

RECEIVED

TO: Amendment Section Division of Corporations

2022 APR -4 AM 11: 25

			LULL MI II
NAME OF CORPO	PRATION: <u>Blossomin</u>	g Minds Thera	TALLAHASSEE. FL
DOCUMENT NUM	BER: <u>P220000</u>	9294	TALLAMASSEET
The enclosed Article.	s of Amendment and fee are s	submitted for filing.	
Please return all corn	espondence concerning this n	natter to the following:	
	1/		
	<u>n</u>	YSten Musel Name of Contact Per	son
		Firm/ Company	Therapy Inc
	1320 The	Pointe Drive	
			72.160
	West partin	Beach, FL City/ State and Zip C	0de
	Krysten M E-mail address: (to be a	used for future annual repo	Cit. Comport notification)
For further information	n concerning this matter, plea	ase call;	
Krysten Name	Mase III of Contact Person	at (<u>56)</u> Area (779 - 3049 Code & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida De	partment of State:
□ \$35 Filing Fee ↑ I already Pare	☐S43.75 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Amei Divis The (2415	t Address Indiment Section Identify Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Inassee, FL 32303



March 2, 2022

KRYSTEN MASELLI 1320 THE POINTE DRIVE WEST PALM BEACH, FL 33409

SUBJECT: BLOSSOMING MINDS THERAPY INC.

Ref. Number: P22000009294

We have received your document for BLOSSOMING MINDS THERAPY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 222A00005110

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Distriction of Comment in a D.O. DOV COOR ID 11-1----- IN 11- 2001

Articles of Amendment Articles of Incorporation

FILED

B10550ming N	Ainds Therapy : Inc	2022 400
(Name of Corpor	ation as currently filed with the Florida D	ept. of State 17 -4 AH 11: 05
	00009294	SECREMAN OUR STATE TALLAMANSEE, FL
(Doc	cument Number of Corporation (if known)	TALLAMASSEE, FL
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abl	c." or "Co". A professional communion	d" or the abhumint in "C"
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET Al</u>	ble: DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
. If amending the registered agent and/or regist	tered office address in Florida, anton the	
new registered agent and/or the new registere	d office address:	ame of the
Name of New Registered Agent		
		 _
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
ny Dogietanad Agant's Cinciana is 1		
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligation	us at the navision
-	, and analysis in configuration	ns of the position.
		·
Sigi	nature of New Registered 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 = ChiefExecutive 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 Remove V Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) X Change P Krusten Mascili 132e The Pointe I — Add West Palen Beach F — Remove 33409 — Add Remove	
Type of Action (Check One) Title Name Address 1) X Change P Krysten Mascili 1320 The Pointe I Add West Palm Beach, F Remove 33409 Add Add	
(Check One) 1) X Change P Krysten Maselli 1320 The Pointe 1 — Add — Remove 33409 — Add — Add	
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б) Change	
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Attach <i>additional shee</i>	ig additjonal Artic ets, if necessary).	(Be specific)	<u> </u>			
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an amendment prov	rides for an excha	nge, reclassifica	tion, or cance	llation of iseum	d charac	
<u>rovisions for implen</u>	nenting the amend	iment if not con	tained in the	amendment its	<u>elf:</u>	
(if not applicable,	indicate N/A)					
		-				
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		<u> </u>				
	_					

The date of each amendment(s) adoption: March 21, 2022 date this document was signed.	, if other than the
Effective date if applicable: March 21, 2022	
(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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	id shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
by	
Dated March 21 , 2022	
Signature <u>Kulletin Maselli</u> (By a director, president or other officer – if directors or officers have not been	
(By a diffector, 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)	
Krysten Maselli	
(Typed or printed name of person signing)	
President	
(Title of person signing)	