P22000042943

(Requestor's Name)	
	Address)	
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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Orange Blossom Coffee Inc	
DOCUMENT NUMBER: P2	2000042943	
The enclosed Articles of Amendme	nt and fee are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	Melissa Lilly	
	Name of Contact Person	-
	Orange Blossom Coffee Inc	
	Firm/ Company	-
	1166 3rd Ave W	
	Address	_
	Bradenton FL 34205	_
	City/ State and Zip Code	
	OrangeBlossomMjl@gmail.com	
E-mail	address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
Melissa J Lilly	at (
Name of Contact Pe	rson Area Code & Daytime Telephone Number	tr
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:	
	Solution for the first states of Status Solution for the first states	
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	Amendment Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as current		
	ly filed with the Florida Dept. of State)	
Orange Blossom Coffe	e Inc P22000042943	
(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amen	dme
If amending name, enter the new name of the corporation:		
	The	печ
me must be distinguishable and contain the word "corporation," ' ic.," or Co.," or the designation "Corp," "Inc," or "Co". hartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the v	rp.,' vora
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)		
		_
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		_
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	iress in Florida, enter the name of the s:	
Name of New Registered Agent		
	reet address)	
	reet address)	

Check if applicable

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

Removing a director and updating percentage

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	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u> </u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Directo	or_	Kaitlyn M Lilly	1221 30th St W Bradenton FL 34205
Add				
xxxx Remove				
2) xx Change	Directo	o <u>r</u>	Melissa J Lilly 50%	1221 30th St W Bradenton FL 34205
Add				
Remove 3)NO Change	Directo	<u>or</u>	Joshua Schmitt 25% NO CHANGE	216 22nd St W Bradenton FL 34205
Add			110 0777102	
Remove 4) XNO Change	Directe	or _	Abbey Schmitt 25%	216 22nd St W Bradenton FL 34205
Add			NO CHANGE	Diadenton 12 54205
Remove				
5) Change		_		
Add				
Remove				
6)Change	<u></u>	_		
Add				
Remove				

Remove Kaitlyn M Lilly as a Director · Move her 25% to Melissa J Lilly for a total of 50% ownership I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (If not applicable, indicate N/A)		y). (Be specific)
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	Remove Kaitlyn M Lilly as a Directo	or - Move her 25% to Melissa J Lilly for a total of 50% ownership
provisions for implementing the amendment if not contained in the amendment itself:	···	
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The date of each amendment(s) ad	option:012/01	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	10/27/2022	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the	ne following statement amendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approv	al
by		"
	(voting group)	
Dated 10	-27-2022	3
Signature	Alleras delles	
	ector, president or other officer - if directors or officer	
	by an incorporator - if in the hands of a receiver, to diductary by that fiductary)	ustee, or other court
арухинс	u nuuciary by mai muuciary)	
_	Melissa Lilly	
	(Typed or printed name of person signing)
	Director/ Owner 50%	
•	(Title of person signing)	

State: FLORIDA County: MANATEE

Date: 10-27-22
Personally Known to Me []
Or ID Provided: L400550038890

Signed angela Maltte

Stamp

