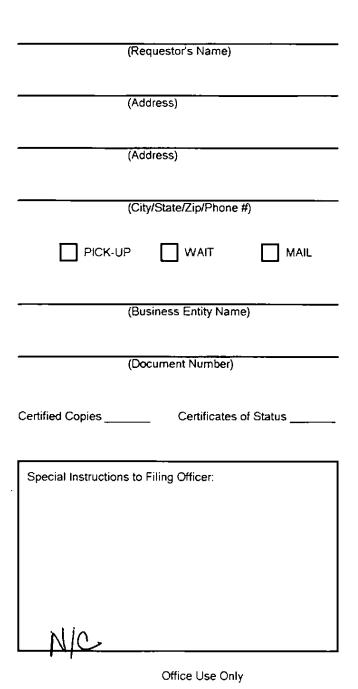
## P22 000056475







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J DENNIS

DEC 0 5 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLOCKSHA CO.			
	BER: P2200005647			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MOISES GARCIA			
		Name of Contact Persor	1	
	FACT PROFESSIONAL			
		Firm/ Company		
	6800 OWENSMOUTH AVE	STE 230		
		Address		
	CANOGA PARK, CA, 9130	3		
		City/ State and Zip Code	e	
	MOISES@FACTPROFESSI	ONAL.COM		
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
MOISES GARCIA		at ( 818	573-6594	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BLOCKSHA CO.		
(Name (	of Corporation as curren	tly filed with the Florida Dept, of State)
P2200005647 <b>5</b>		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
BLOCKSHA INC.		The new
name must be distinguishable and contain "Inc" or Co.," or the designation "C" "chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent ar		
new registered agent and/or the new		<u>ss:</u>
Name of New Registered Agent	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	, Florida N/A
		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	ets, if necessary),	(Re specific)				
/A						
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1				.4:6:		
If he amandman me	ovides for an excha	dment if not co	ation, or cancella intained in the at	<u>ition of issued sn</u> nendment itself:	ares,	
provisions for imple	e. indicate N/A)	dijent it not et	intamed in the al			
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	07/26/2022 ndment(s) adoption:
date this document wa	signed.
Effective date <u>if appl</u>	
	(no more than 90 days after amendment file date)
Note: If the date inseduction in the date in the document's effective of	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
Adoption of Amenda	ent(s) (CHECK ONE)
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholder action and shareholder red.
☐ The amendment(s) by the shareholder	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
☐ The amendment(s)  must be separately	was/were approved by the shareholders through voting groups. The following statement 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)
Date	" <del></del>
Sign	ature Tarpy
	(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)
	TAUFIQ MITHANI
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

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