## P22000056726

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
1	OCT 27 2022	
	J. HORNE	

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLISS CLUB INT	ERNATIONAL CORP			
	BER: P22000056726				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JUAN M RAMIREZ				
		Name of Contact Person			
	Firm/ Company				
	809 PARK VILLA CIRCLE				
Address					
	ORLANDO,FL 32824				
		City/ State and Zip Code			
	JMRV0607@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
JUAN M RAMIREZ		at ( <u>40</u> 7	de & Daytime Telephone Number		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

BLISS CLUB INTERNATIONAL CORP

MILLIU 26 PH 3

(Name of Corporatio	n as currently filed with the Florida Dept. of State
222000056726	**************************************
(Docume	ent Number of Corporation (if knowπ)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the con	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word piation "P.A."
8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>
If any discrete and any description of the second s	ad office address in Clarida outer the name of the
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regi	istored Agent
	I am familiar with and accept the obligations of the position.
Cinna	ture 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)

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>	<u>Addres</u> s
1) X Change	V	RAMIREZ, JUAN M	809 PARK VILLA CIRCLE
Add			ORLANDO, FL 32824
Remove 2) X Change	P	DRAI, SABRINA	809 PARK VILLA CIRCLE
Add			ORLANDO, FL 32824
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or addir attach additional she	ets, if necessary).	(Be specific)				
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f an amendment pro provisions for imple	ovides for an excl	hange, reclassi	<u>fication, or can</u>	cellation of issi	<u>ied shares,</u>	
(if not applicable	e, indicate N/A)	.namenen not	contained in ti	ic amendinent	itseit.	
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. . .

JULY 20, 2022 The date of each amendment(s) adoption: . if other than the date this document was signed. Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 (voting group) JULY 20,2022 Dated Signature (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) JUAN M RAMIREZ (Typed or printed name of person signing) PRESIDENT

(Title of person signing)