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| (Requ | estor's Name) | |
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| pecial Instructions to Fili | ina Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: BLOOMING BOU | TIQUE TRT INC | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are sul | omitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| | CHINH NGUYEN | | |
| | | Name of Contact Persor | |
| | SAIGON SERVICES | | |
| | | Firm/ Company | |
| | 5816 NORMANDY BLVD | | |
| | | Address | |
| | JACKSONVILLE, FL 32205 | | |
| | | City/ State and Zip Code | |
| | CHINH_CN@YAHOO.COM | 1 | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| Exertisethae information | on concerning this matter, pleas | o cult | |
| To rectici mioniano | of concerning this matter, pieas | ic can. | |
| CHINH NGUYEN | | at (| 378-8780 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | ntment of State. |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 | | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| BLOOMING | BOUTIOU | JE. | TRT | INC |
|----------|---------|-----|-----|-----|
| | | | | 1 |

| A. If amending name, enter the new name of the corporation: | (Name of Corporation a | as currently filed with the | Florida Dept. of State) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|----------------|
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida Florida | P240000 | 06658 | | |
| A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida | (Document | Number of Corporation (if | known) | |
| The new manne must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida Florida | Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation: | ntutes, this <i>Florida Profit C</i> | Corporation adopts the following amend | ment(s) t |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida | A. If amending name, enter the new name of the corpo | oration: | | |
| "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida | "Inc.," or Co.," or the designation "Corp," "Inc," or | r "Co". A professional c | ncorporated or the abbreviation "Corporation name must contain the wa | o.," ord |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida | B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE | | | _ |
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| Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida | (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · | |
| Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida | | | | |
| Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida | | | | · |
| Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida | | | | <u>.</u> |
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| (Florida street address) New Registered Office Address: | | | | |
| (Florida street address) New Registered Office Address: | Name of New Projectored Arous | | | |
| New Registered Office Address:, Florida | stante by New Registered Agent | | | |
| New Registered Office Address:, Florida | | | | |
| | | (Florida street address) | | |
| (City) (Zip Code) | New Registered Office Address: | | , Florida | |
| | | (City) | (Zip Code) | _ |
| | new registered agent and/or the new registered office Name of New Registered Agent | ce address: (Florida street address) | , Florida | |
| | | | | |
| | New Registered Agent's Signature, if changing Register | red Agent: | | |
| New Registered Agent's Signature, if changing Registered Agent: | hereby accept the appointment as registered agent. I an | n familiar with and accept t | he obligations of the position. | |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | | |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | | |
| New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | | |
| hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | Signature | e 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 = 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.

Example:

| X Change | \underline{PT} | <u>John Do</u> | <u>se</u> | |
|-------------------------------|------------------|----------------|-----------------|---------------------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | mith | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | VP | | ROCHLYNN N THAN | 8074 MISTY MEADOWS CT N |
| Add | | | | JACKSONVILLE, FL 32210 US |
| X 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 necessary). (The specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, praxisions for implementing the amendment if not contained in the amendment itself. (If not applicable, indicate NA) | If amending or adding | e if nacusames | Ma enacified | gets) nete. | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------|-------------------|----------|
| provisions for implementing the amendment if not contained in the amendment itself: | уливы шаниона мест | s, ij necessary). | (ne specijie) | | | | |
| provisions for implementing the amendment if not contained in the amendment itself: | | | | | | | |
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| provisions for implementing the amendment if not contained in the amendment itself: | | | | | | | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | If an amendment provi | <u>ides for an exch</u> | ange, reclassific | <u>cation, or cance</u> | ellation of issue | <u>ed shares,</u> | |
| (if not applicable, indicate N/A) | provisions for implem | <u>ienting the ame</u> | <u>ndment if not co</u> | <u>intained in the</u> | amendment it | <u>self:</u> | |
| | (if not applicable, i | indicate N/A) | | | | | |
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| | adoption: | , if other than the |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file d | |
| | (no more than 90 days after ameritment file d | ate) |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirent Department of State's records. | nents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without sha | reholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the sufficient for approval. | amendment(s) |
| | pproved by the shareholders through voting groups. The following group entitled to vote separately on the amend | |
| | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| 10/28/20 | 24 | |
| Dated | | |
| Signature <u>1</u> | M | |
| (By a selec | director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary) | |
| | ROCHLYNN N THAN | |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | |
| | | |