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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	IATION: Blake	ROSES, INC	,		
DOCUMENT NUMB	er: <u>P950</u>	00002605			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	JAC	ob College Name of Contact Perso	<u></u>		
	BI	ake Roses	Inc		
Firm/Company					
Sumy Tole's Beach, FL33160 City/ State and Zip Code					
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
	Coldmin	at (305	323-2854		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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

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

Blake Roses Too

(Name of Corporati	on as currently filed with the Florida Dept. of State)	
P 9500000 24	<i>20</i> 0	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
	orporation," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain eviation "P.A."	
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)	
). If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
rem registered synge radiess.	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	vistered Agent: I am familiar with and accept the obligations of the position.	20 and 15 PM
Signo	ature of New Registered Agent, if changing	9 전 전 5
Check if applicable	607.0120.(11).(c) F.S	TIONS 57

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: \underline{X} Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
1) Change	P Linda Goldman	210 174 Start
Add Remove 2) Change Add	P Jacob Godman	Apt 2305, Sunny Isles Back FL 33160 210 174 Steat Apt 2305 Sunny Tsles Back, FL 33160
Remove 3) Change		
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

	s) here:
	## #**
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	nined in the amendment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	6/11/2020	
	(no more than 90 days after amendmen	f file date)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing retinent of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffi	d by the shareholders. The number of votes cast tient for approval.	for the amendment(s)
	red by the shareholders through voting groups. The voting group entitled to vote separately on the control of t	
"The number of votes cast for	the amendment(s) was/were sufficient for approv	al
by		_
	(voting group)	
Dated JUNE	11- 2020	
Signature		<u> </u>
selected, b	tor, president or other officer – if directors or officy an incorporator – if in the hands of a receiver, to fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)
_	Vce passing Direct Dire	ecto?