

(R	equestor's Name)	
(A	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SKY FLORAL F	ARMS CORP	
DOCUMENT NUMBER:	P16000030492		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		IDA C OVIES CPA	
4.		Name of Contact Person	1
	I	DAIC OVIES CPA PA	
		Firm/ Company	
	37	785 NW 82 AVE STE 30	2
		Address	-
		DORAL, FL 33166	
	<u> </u>	City/ State and Zip Cod	e
		idaovies@bellsouth.net	1/
E-ma	il address: (to be u	sed for future annual report	notification)
For further information concerni	ng this matter, pleas	se call:	
IDA C OVIES		305	477-5798
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$4.	3.75 Filing Fee & rtificate 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 Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

SKY FLOH	IAL FARMS CORP
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P1600	00030492
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	1:
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," ownered "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	
	<u>.</u> ون
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office add 	address in Florida, enter the name of the tress:
· · · · · · · · · · · · · · · · · · ·	1037
Name of New Registered Agent	
(Ploride	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	ew Registered Agent, if changing
organitie by the	or region real region, y enunging

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		ECHEVERRI, ALEJANDRO	3785 NW 82 AVE STE 302
X Add				DORAL, FL 33166
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Changa				
6) Change		_	•	
Add Remove				

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	-	-
		
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amo	endment if not contained in the amendment itself:	
(if not applicable indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		

The date of each amendment(s) ad	option:	, 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 b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s ficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholde pted by the incorporators without shareholder action and shareholder	r
action was not required.	prod 0, 112 1120 product	
Dated	10/1/2018	
Signature	rector, president or other officer - it directors or officers have not been	
selecte	rector, president or other officer – it directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other counced fiduciary by that fiduciary)	ı
	JUAN C ECHEVERRI	
	(Typed or printed name of person signing)	·
	DIRECTOR	
	(Title of person signing)	