J80563

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Floral Emporium.	Inc.		
DOCUMENT NUMB				
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Lorie Vinci			
	*******	Name of Contact Person	n	
	Floral Emporium, Inc.			
	<u> </u>	Firm/ Company		
	3900 S. Dixie Highway	a mar Dampany		
	11.01.011	Address		
	West Palm Beach, Florida 33	3405		
		City/ State and Zip Cod	e	
Laria	Vinci@floralemporium.net			
——————————————————————————————————————	•	sed for future annual report	notification)	
	13-man address, (to be di	sed for future annual report	notrication)	
For further information	concerning this matter, pleas	se call:		
Lorie Vinci		561	659-9888	
Name of Contact Person		at (561) 659-9888 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, F1, 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Floral Emporium, Inc.



(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)
180563		
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new na	ame of the corporation:	
N/A		The new
ame must be distinguishable and con	sation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address,	if applicable:	N/A
Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appl	icable:	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	N/A
 If amending the registered agent ar new registered agent and/or the new 		dress in Florida, enter the name of the
	Lorie Vinci	
<u>Name of New Registered Agent</u>	2000 C Divis History	
	3900 S.Dixie Highway	treet address)
	West Palm Beach	33405
New Registered Office Address:	- Total and Deach	(City) , Florida (Zip Code)
		(0.6)
ew Registered Agent's Signature, if c	hanging Registered Agen	ıt:
hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.
\cap		
$\mathcal{L}_{\mathbf{a}}$	NO VINOR	
	Signature of New	Registered Agent, if changing

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	PST	Lorie Vinci	3900 S. Dixie Highway
X Add			West Palm Beach, Florida 33405
Remove			
2) Change	PST	Steve Spaulding	
Add Remove			
3) Change	<u>v</u>	John Blaise	
Add X Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change	-	<u> </u>	
Remove			

Attach additional sheet	additional Art is, if necessary).	(Be specific)	1			
/A						
•						
						
		,		-		
		-				·······
						-
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-						
					<u>-</u>	
						•
f an amendment pro	vides for an evol	hange, reclass	ification, or ca	incellation of is	ssued shares.	
provisions for imple	nenting the ame	endment if not	contained in	the amendmen	t itself:	
(if not applicable,	indicate N/A)					
x						
A				·		_
	·			-		
			<u></u>			

The date of each amendment(s) adop	otion:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, the timent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendr cient for approval.	nent(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following st ch voting group entitled to vote separately on the amendment(s)	atement :
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and share	:holder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and sharehold	ler
Dated 10/4/	12019	
Dated	ue Virci	
(By a f lire selected, l	etor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe ifiduciary by that fiduciary)	
Lo	orie Vinci	
_	(Typed or printed name of person signing)	
Pr	resident	

(Title of person signing)