# N10000005085

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TALLAHASSEE, FLORIDA

1007-11-11

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE FLOWER OF LIFE USA, INC.			
DOCUMENT NUM	BER: N1000005085		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
	espondence concerning this mat	ter to the following:	
का नही <sub>ं</sub> क			
		Contract Person	· · · · · · · · · · · · · · · · · · ·
	(Name of	Contact Person)	
	Р	resident	
	(Firm	n/ Company)	
	4255 Gr	eenbriar Lane	
<del></del>	(1	Address)	<del></del> -
	West	on FI 33331	
		te and Zip Code)	·
	anfal inc	@hotmail.com	
• <del>••••</del> ••		d for future annual report not	ification)
For further information	on concerning this matter, please	e call:	
Alicia Curiel		at ( 654 ) 288 8	3833
(Name	of Contact Person)		ytime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departn	nent 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		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Ce	enter Circle
i ananassee, i L J2517		Tallahassee, FL 32301	

## **Articles of Amendment**

### TATEBIO AMII: 07 TATEBIO AMII: 07 TATEBIO AMII: 07 **Articles of Incorporation** of THE FLOWER OF LIFE USA, INC. (Name of Corporation as currently filed with the Florida Dept. of State N1000005085 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

· · · · · · · · · · · · · · · · · · ·	APFEL ,INC		
ne new name must be distinguishable an breviation "Corp." or "Inc." <u>"Compan</u>			corporated" or the
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	applicable:	4255 Greenbriar I	_ane
	REET ADDRESS )	Weston FI 33331	
Enter new mailing address, if applica	ble:	4055 0	
(Mailing address <u>MAY BE A POST OFF)</u>		4255 Greenbriar Lane	
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	4200 Greenbriai L	
		Weston FI 33331	
	or registered office	Weston Fl 33331	
. If amending the registered agent and/ new registered agent and/or the new r	or registered office egistered office ad	Weston Fl 33331	
. If amending the registered agent and/ new registered agent and/or the new r Name of New Registered Agent:	or registered office egistered office ad	Weston Fl 33331  address in Florida, endress:	nter the name of th
If amending the registered agent and/new registered agent and/or the new remains of New Registered Agent:	or registered office egistered office ad	Weston Fl 33331  address in Florida, endress:	nter the name of th

### 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
	<del>- · · · · · · · · · · · · · · · · · · ·</del>		
E. If amer (attach d	nding or adding additional Article additional sheets, if necessary). (	e <mark>s, enter change(s) here</mark> : Be specific)	
	- 1- TT- al GRA TIOL 1		<del></del>

The date of each amendment(s)	-
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_02/07/2	011 A
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Alicia Curiel
	(Typed or printed name of person signing)
_	President
	(Title of person signing)

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