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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLOWER	R OF JANAI	NA, INC.
DOCUMENT NUMBER: N1500002	2871	
The enclosed Articles of Amendment and fee are su-	$\stackrel{-}{=}$ bmitted for filing.	
Please return all correspondence concerning this mat	ttar to the fallowing	
Maria Cabanas	ner to the following.	
	(Name of Contact Pers	Son)
FLOWER OF JANAINA,	INC.	
	(Firm/ Company)	
2800 Zephyr Rd		
	(Address)	
Orlando, FL 32806		
	(City/ State and Zip Co	ode)
flowerofjanaina@gmail.com		
E-mail address: (to be use	d for future annual repor	t notification)
For further information concerning this matter, please	e call:	
Maria Cabanas	407	929-4542
	at ()
(Name of Contact Person)	(Area (Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment 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	Stree	t Address
	Amer	idment Section
•		
		~
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifto	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLOWER OF JANAINA,				
(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)		
N15000002871				
(Documer	nt Number of Corpora	ation (if known)		
Pursuant to the provisions of section 617, amendment(s) to its Articles of Incorpora		s, this <i>Florida Not For P</i>	rofit Corporation adop	ts the following
A. If amending name, enter the new na	ime of the corporati	on:		
				The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" a	or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address,	· -	2800 Zephyr R	oad	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32	806	
		· · · · · · · · · · · · · · · · · · ·		
				
C. Enter new mailing address, if appli				Ω .A
(Mailing address <u>MAY BE A POST (</u>	<u> DEFICE BON</u>)			
			<u> </u>	<u> </u>
D. If amending the registered agent an new registered agent and/or the new	d/or registered offic v registered office ac	e address in Florida, en ddress:	er the name of the	= 0
Name of New Registered Agent:	MARIA C CA	ABANAS		, w
	2800 Zephy	r Road		
New Registered Office Address:		Florida street address)		
	Orlando		, Florida 32806	
	(City)		(Zip Code)	
New Registered Agent's Signature, if challenges the Agent's Signature, if challenges the Appointment as registed the Appointment as registed.	nanging Registered A ered agent. I am fan	Agent: niliar with and accept the	obligations of the posi	tion.
Sign	nature of New Regist	ered Agent, if changing		

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, am 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 X Remove X Add	<u>V</u> <u>Mi</u>	an Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Khanitha Khounphixay	2617 Cedar Bluff Lane
X Remove			Ocoee, FL 34761
2) Change	BC	Alex Morales	9126 Lake Fischer Blvd
X Remove			Gotha, FL 34734
3) Change			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			
Add			
Remove		D 2.4	

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	- <u></u>
<u> </u>	
<u></u> .	
	

The	date of each amendment(s) adoption:
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
Ada	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 10/19/2018
	Signature
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Maria Cabanas
	(Typed or printed name of person signing) President
	(Title of person signing)