## N98000000313

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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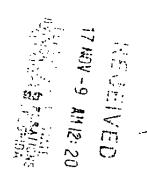
## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PLANTS FOR SCHOOLS of CHUTCHES INC.  Name of Corporation
DOCUMENT NUMBER: <u> </u>
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
PLANTS FOR GONODIS A CHUTCHEZ INC.
16174 VANDERBILT DR. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at ( <u>G13</u> ) <u>596-4679</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee. 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

of	
PLANTS FOR SCHOOLS 4 CHUTCHES, INC.	0
(Name of Corporation as currently filed with the Florida Dept. of State)	
N980000313	rī;
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the	o following

r-ursuance of the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: PLANTS FUY CHARITIES, INC.,

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_. Florida \_\_\_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove 3 ) Change			
Add Remove 4) Change Add		<u> </u>	
Remove  5) Change Add			
Remove 6) Change Add Remove		<del></del>	

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date,	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirent document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendm adopted by the board of directors.	ent(s) was/were
Dated 11-04-2-017	
Signature 2 Cosper Press.  (By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a reconstruction of the court appointed fiduciary by that fiduciary)	eiver, trustee, or
(Typed or printed name of person signing	
(Title of person signing)	
(Title of person signing)	