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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: E CONUCO DOCUMENT NUMBER: PODODO 105	
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the f	following:
Jeffrey E	of Contact Person
El (onucol	Wrsery, Inc. m/Company 104 St, Ste 200 Address
Fir	m/ Company
7685 SW	104 St, Ste 200
	33 15 6 ate and Zip Code
-	Freyfeiler. 10m
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	a(305), 670 - 770, 67
Jeffrey Feiller Name of Contact Person	at (365) 670 - 7700 1 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certific	5 Filing Fee & S52.50 Filing Fee led Copy Certificate of Status lonal copy is Certified Copy (Additional Copy lis enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Center Circle
rananassee, 14, 52514	2001 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

~ · · · ·	
	seo Nursery, Fric.
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P 0000	00010560
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7685 SW 104 Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Svite 200
	Miani, Fl 33156
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	ess:
Name of New Registered Agent Jeffrey	E. Feiler
7685 5	w 104 St, Ste 200, Miami, Fl 33156 street address)
(Florida :	
(*	icm, Florida 33156 (City) (Zip Code)

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	PT	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>	<u>Addres</u> s
1) Change	80	Jesus E. Serrane	
Add Remove			Migmi, F1 33126
2) Change	VP	Julio Bordon	1401 NW 78 AVE Miami, F1 33126
Add Remove			Mamy 7/ 33126
3) Change	<u> </u>	Jeffrey E. Feiler	7685 SW 104 St Ste 200
Remove			Migmi, Fl 33156
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add	<u></u>		
Remove			

If amending or adding additional Arti-	
(Attach additional sheets, if necessary).	(Be specific)
·	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

4 4 4 4	_
The date of each amendment(s) adoption: _ date this document was signed.	October 4, 2017 if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amo	ndment(s) was/were sufficient for approval
by	ting group)
(ve	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
DatedSignature	incorporators without shareholder action and shareholder Identify other officer - if directors or officers have not been purpoof - if in the hands of a receiver, trustee, or other court
appointed fiduciar	y by Ahat fiduciary)
	Jeffrey E. Feiler
	(Typed or printed name of person signing)
	President
	(Title of person signing)