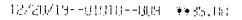
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| (Requestor's Name)                      |
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JAN 24 2020 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: CENT FLEURS, I  | NC.  |   |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: P01000111899   |  |   |
| The enclosed Articles   | of Amendment and fee are su   | ibmitted for filing.   |   |
| Please return all corre | spondence concerning this ma  | atter to the following:  |   |
|                         | Howard E. Googe, Esq.   |  |   |
|                         |   | Name of Contact Person   | n   |
|                         | Becker & Poliakoff, P.A.  |  |   |
|                         |   | Firm/ Company  |   |
|                         | 759 SW Federal Highway, S   | . ,  |   |
|                         |   | Address  |   |
|                         | Stuart, FL 34994  | , idan   |   |
|                         |   | City/ State and Zip Cod  |   |
|                         |   |  |   |
| annsa                   | lvatori@live.com  |  |   |
|                         | E-mail address: (to be u  | sed for future annual report                                       | notification)   |
|                         |   |  |   |
| ror further informatio  | n concerning this matter, plea  | se call:   |   |
| Michelle Googe          |   | at ( 772   | 403-8959  |
| Name o                  | of Contact Person   | <del></del>  | de & Daytime Telephone Number   |
| Enclosed is a check fo  | r the following amount made   | payable to the Florida Depa  | artment of State:   |
| \$35 Filling 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)  |
| Ame<br>Divi<br>P.O.     | ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314 | Amend<br>Divisio<br>The Co   | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| CENT FLEURS, INC.  |   |  |         |              |         |
|--|---|--|---------|--------------|---------|
| (Name of Corporation as cur  | rrently filed with the Flor             | ida Dept. of State                       | )       |              |         |
| P01000111899   |   |  |         |              |         |
| (Document Nur  | nber of Corporation (if kno             | wn)                                      |         | <del> </del> |         |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:  | s, this <i>Florida Profit Corpo</i>     | oration adopts the f                     | ollowin | g amendn     | nent(s) |
| A. If amending name, enter the new name of the corporation   | on:                                     |  |         |              |         |
| MA   |   |  |         | The ne       | าพ      |
| name must be distinguishable and contain the word "corporatio<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co<br>"chartered," "professional association," or the abbreviation " | o". A professional corpo                | porated" or the abb<br>tration name must | contait | n "Corp.     | . **    |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | <i>N</i> ,                              | 1/1                                      |         |              |         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/.                                     | 'A                                       |         |              |         |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  | e address in Florida, ente              | r the name of the                        |         |              |         |
| Name of New Registered Agent   | NIA                                     |  |         |              |         |
| (Flori<br>New Registered Office Address:   | ida street address)                     | . Florida                                | , — ·   | 19           |         |
| managaarea vyjae manesa.   | (City)                                  | , Fiorida_                               | (Zip (  | Code),       |         |
| New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam.  | Neent:<br>viliar with and accept the or | bligations of the po                     | silion. | . •          |         |
| Signature of N   | New Registered Agent, if ch             | anging                                   |         |              | ;       |

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                                       | <u>PT</u>    | John Doc   |                        |
|---|--------------|--|------------------------|
| X Remove  | <u>V</u>     | Mike Jones   |                        |
| X Add   | <u>sv</u>    | Sally Smith  |                        |
| Type of Action<br>(Check One)                           | <u>Title</u> | Name   | Address                |
| 1) Change   | D            | Charles H. Salvatori   | 649 St. Lucie Crescent |
| Add   |              |  | Stuart, FL 34994       |
| X Remove  |              |  |                        |
| 2) Change   |              |  |                        |
| Add   |              |  |                        |
| Remove 3) Change  |              | <del></del>  |                        |
| Add   |              |  |                        |
| Remove  |              |  |                        |
| 4) Change   | <del></del>  |  |                        |
| Add   |              |  |                        |
| Remove  |              |  |                        |
| 5) Change   |              |  | ·                      |
| Add   |              |  |                        |
| Remove  |              |  |                        |
| 6) Change   |              |  |                        |
| Add   |              |  |                        |
| Remove  |              |  |                        |
|   |              | Page 2 of 4  |                        |
| E. <u>If amending or addi</u><br>(Attach additional she | ng addition  | onal Articles, enter change(s) here: tessary). (Be specific) |                        |

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| provisions for implementing the amendmen        | reclassification, or cancellation of issued shares, at if not contained in the amendment itself: |  |
| (if not applicable, indicate N/A)               | n/11/1   |  |
|   | MIA  |  |
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|   | Page 3 of 4  |  |
|   |  |  |
| The date of each amendment(s) adoption:         |  | , if other than the                    |
| date this document was signed.                  |  |  |
| -   |  |  |
| Effective date if applicable:  Monday, December | r 16, 2019   |  |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s) (CHECK ONE)   |
|--|
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):       |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |
| by   |
| (voting group)   |
| ☐ The amendment(s) was/were adopted by the hoard of directors without shareholder action and shareholder action was not required.  |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated December 16, 2019  |
| Signature(By a director, president or other officer – if directors or officers have not been   |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Elizabeth A. Salvatori   |
| (Typed or printed name of person signing)  |
| D, President, Vice President, Secretary and Treasurer  |
| (Title of person signing)  |