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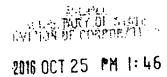
## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GILMER NURSERY, INC. DOCUMENT NUMBER: P01000115355 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE L. PIEDRA Name of Contact Person PIEDRA & ASSOCIATES, P.A. Firm/ Company 201 ALHAMBRA CIRCLE, SUITE 1200 Address CORAL GABLES, FLORIDA 33134 City/ State and Zip Code jpiedra@piedralaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORGE L. PIEDRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation



GILMER NURSERY, INC.

to a page of the p	ion as currently filed with the Florida Dept. of State)
01000115355	
(Docur	ment Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	
ame must be distinguishable and contain the woo Corp.," "Inc.," or Co.," or the designation "Corp ord "charlered;" "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable	. N/A
Principal office address MUST BE'A STREET ADD	DRESS)
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Enter new mailing address, if applicable; (Mailing address MAY BE'A POST OFFICE BO	N/A
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If amending the registered logant and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
N/A Name of New Registered Agent	* CON ( )
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N/A	(Frontial Street address)
New Registered Office Address: N/A	(City) (Zip Code)

address of each Offic (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treasi Changes should be no a change, Mike Jones	er, and/or 1 ets, if neces /director til ce Presider O = Chief urer, Directed in the followers leaves the	Director being added: sary) ile by the first letter of the office til it: T= Treasurer; S= Secretary; L Financial Officer If an officer/d for would be FTD. illowing manner. Currently John	the of each officer/director being removed a cle:  Description: TR= Trustee; C = Chairman or Continuous frector holds more than one title, list the first the listed as the PST and Mike Jones is listed the V and S. These should be noted as John Do	Clerk; CEO = Chief letter of each office ed as the V. There is
X Remove	<u>v</u>	Mike Jones		* - 3
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The date of each amendment		E STATISTY Piffother than the
date this document was signed		BRID DOT OF BM 1.10
Effective date if applicable:	OCTOBER 11, 2016	2018 OCT 25 PM 1: 46
	(no more than 90 days after amendn	nent file date)
	this block does not meet the applicable statutory filing he Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes casere sufficient for approval.	st for the amendment(s)
	re approved by the shareholders through voting groups.  ed for each voting group entitled to vote separately on the	
"The number of votes	s cast for the amendment(s) was/were sufficient for appro	oval
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<u> </u>	(voting group)	-
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☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action	on and shareholder
Dated	10-11-16	
Signature	Manne	
(B	by a director, president o other officer - if directors or o	officers have not been
S€	elected, by an incorpora or — If in the hands of a receiver	, trustee, or other court
aj	opointed fiduciary by that fiduciary)	
	PABLO AMATO GARCIA	
	(Typed or printed name of person signi	ing)
	DIRECTOR	
	(Title of person signing)	