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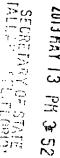
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

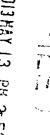
Office Use Only



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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations Naumann Nuture Scapes, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of O				
Naumann Na	ture Scar	285, /NC.			
(Name of Corporation as currently f	filed with the Florida Dep	ot. of State)			
P01000	50116911				
(Document Number of	f Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Pr</i>	cofit Corporation adop	ts the following	; amendi	ment(s) t
A. If amending name, enter the new name of the c	orporation:				
				The n	ew
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A p		ted" or the ab	breviati	ion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES					
		· · · · · · · · · · · · · · · · · · ·			
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	9X)				
(aning address <u> bb</u>					
					
				2	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name o	of the	013 KA	
	omee address.			Ή¥	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		(Ā.	$\overline{\omega}$	ĺ
	(Florida street address		고 () 기 ()	\exists	
	(1 10) tau sii eet aaaress,		0.51 V.1.91	Ç	,
New Registered Office Address:	(City)	, Florida	(Zip Code)	52	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ccept the obligations of	f the position.		
	•		•		
Signature of N	low Registered Agent if ch	nanaina			

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
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				
Remove				
5) Change				
Add			•	
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)			
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	 	·		
n amendment provides for an excharge in a most significant and a more consistent and a more and a m	dment if not cont	ained in the	amendment its	elf:
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DGEN X/aum	ann	249	Chare	S
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	<u> </u>	· · · · · ·		

5/9/13
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board 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
Signature (By addirector, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)
5/9/13
Rope Um
Roger Naumann Vice President
Vine President