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COVER LETTER

TO: Amendment Section

Division of Corporations CORDERO NURSERY, INC NAME OF CORPORATION: P01000122080 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ELIZABETH CORDERO Name of Contact Person Firm/ Company 5920 SW 125 AVE Address MIAMI, FL 33183 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (____305-283-5002 Area Code & Daytime Telephone Number ELIZABETH CORDERO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & XX \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status \$ 70.00 (Additional copy is Certified Copy (Additional Copy enclosed) 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 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	O NURSERY, INC			
(Name of	Corporation as currently	filed with the Florida De	pt. of State)	
	PO1000122080			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation	adopts the follo	wing amendment(s) to
A. If amending name, enter the new name	ne of the corporation:	N/A		The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	tion "Corp." "Inc," or "C	lo". A professional corpo	porated" or the eration name m	abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST)		N/A	-	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O	a <u>ble:</u> FFICE BOX)	N/A		
D. If amending the registered agent and new registered agent and/or the new	registered office address:		ame of the	
Name of New Registered Agent	ELIZABETH CO	RDERO		
-	5920 SW 125 (Florida stree			
New Registered Office Address:	MIAMI (City)	, Florida33 	183 Zip Code)
New Registered Agent's Signature, if chi I hereby accept the appointment as register	red agent. I am familiar w	ith and accept the obligation	SV RVIII	Mil OCI O P

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	\underline{v}	Mike Jones		
\underline{X} Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
!)Change				
X Add	PTD	ELIZABETH CORDERO	5920 SW 125 AVE MIAMI,	FL 33183
X Remove	PSTD	MAURILIA CORDERO	592 <u>0 SW 125 AVE MIAMI,</u>	FL 33183
2) Change		IVETTE Z CORDERO	5920 SW 125 AVE MIAMI,	trr 22102
X Add	VPSD	IVELLE Z CORDERO	3920 SW 123 AVE MIAMI,	LP 22102
Remove				
3) Change				
Add				
Remove	7			
4) Change				
Add				
Remove		•		
5) Change				
Add				
Remove				
ර) Change				
Add				
Remove				

I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A		necessary). (E	se specific)			
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	loption: SEPTEMBER 21, 2017	, if other than the
date this document was signed.		
Effective date if applicable:	SEPTEMBER 21, 2017	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amen	lowing statement idment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	pted by the board of directors without shareholder action	
action was not required.	pted by the incorporators without shareholder action and s	silai enoruei
Signature +	restor, president of other officer circurectors or officers l	have not been
selected	l, by an incorporator - if in the hands of a receiver, trustee	e, or other court
	ed fiduciary by that fiduciary)	
	ELIZABETH CORDERO	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	