Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SCORPIO GARDENS CORPORATION

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Corporate Filing Menu

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6/20/2014

COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: SCORDIO Gardens Corporction The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alhadeff Low Grap
Firm/Company Scane Blud., Ph 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	13011
Scorpio Gordens	Corporation
(Name of Corporation as currently filed with the Florida	Dept. of State)
P02000017208	
(Document Number of Corporation (if known))
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida its Articles of Incorporation:	Profit Corporation-adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
name must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," ar "incorporated" or the abbreviation I professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	*
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Jorida, enter the name of the
Name of New Registered Agent	
; ,	• • • • • • • • • • • • • • • • • • • •
(Florida street addr	- Çψ
New Registered Office Address:	, Florida
(Clv)	(Zip Cade)
	The state of the s
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent.—I am familiar with and	l accept the obligations of the position.
Signature of New Registered Agent, ij	changing

Page 1 of 4
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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	PT John Dae	
X Remove	V Mike Jones	
X Add	SY Sally Smith	
Type of Action (Check One)	Title Name	Address
(Check One)	P Mark Russa	3050 Biscayne Blva, PH
Add		Wiami, F1 33137
Remove		
2) Change		
Add		and a state of the
Remove		harden and the state of the sta
3 \ Change	and the transfer of the state o	- Andrew Comments of the Comment of
Add		And the state of t
Remove		and the state of t
4) Change		A STATE OF THE STA
Add		
Remove		material description of the state of the sta
5) Change		
Add		
Remove		And the second s
6) Change		
Add		
Remove		

see 2 of 4

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			
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lf an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;		
,			
·			

date this document was signed.	foption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The aniendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	,	
Dated	6/18/14	
Signature	m m	
Signature	irector, provident or other of wer - if directors or officers have not been	
(By a d selecte	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
(By a d selecte	d, by an incorporator—if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) Month A A And H	
(By a d selecte	d, by an incorporator — if in the hands of a receiver, trustee, or other court. ted fiduciary by that fiduciary)	
(By a d selecte	d, by an incorporator—if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) Month A A And H	
(By a d selecte	d, by an incorporator—if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) Month A A And H	