# P03000 004 732

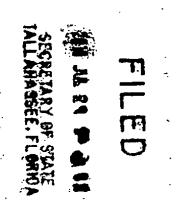
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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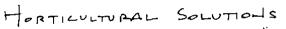
# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	HORTICULTURAL SOLUTIONS INC				
	P0300000 4132				
The enclosed Articles of Amendm	ent and fee are submitted for filing.				
Please return all correspondence co	oncerning this matter to the following:				
	CHRISTOPHER L. GRIFFITHS				
Name of Contact Person HORTICULTURAL SOLUTIONS, INC					
	Firm/ Company 6919 W. BROWARD BLVD. #295				
PLANTATION, FL 33317					
City/ State and Zip Code					
CHRI	S @ HORTICULTURAL SOLUTIONS. COM				
E-mail	address: (to be used for future annual report notification)				
For further information concerning	this matter, please call:				
CHRISTOPHER L	GRIFFITHS at ( 954 ) 650-6415  Area Code & Daytime Telephone Number				
Name of Contact Po	Area Code & Daytime Telephone Number				
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:				
	25 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion Amendment Section orations Division of Corporations Clifton Building				

### Articles of Amendment

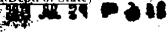
# Articles of Incorporation





(Name of Corporation as currently filed with the Florida Dept. of State)
P0300004732

# P03 00000 4732



Pursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name of the corpor	rațion;
$\sim /\Delta$	The new
ame must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "b ord "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	I
If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	n/A
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registere	ed Agent: familiar with and accept the obligations of the position.
and the second s	
N/A	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cl. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Doe	
X Remove	<u>V</u>	Mike Junes	
<u>X</u> Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	EVELYH ZAVALA	3471 SW 2077 ST.
Add			FORT LANDERDALE FI
Remove			
2) Change	<del></del>		
Add			
Remove			<del></del>
3 ) Change	<del></del>		
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4) Change		<u> </u>	
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5) Change			
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	rovides for an excha	ange, reclassific	ation, or cancellat	<u>ion of issued sha</u>	res.
amendment p	lementing the amen	idment if not co	ntained in the am	endment itself:	
visions for imp	da indicata M/3)				
visions for imp	ole, indicate N/A)				
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The date of each amendment(s) adoption:	08	01	2019	, if other than
date this document was signed.				
Effective date if applicable:	00	01	2019	
	(no me	re tha	n 90 days after amendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department of			plicable statutory filing requirements, this date will no	ot be listed as
Adoption of Amendment(s) (CF	IECK O	<u>NE</u> )		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for			The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes cast for the ame				
by(vo				
(vo	ting grou	(p)		
☐ The amendment(s) was/were adopted by the action was not required.	board of	direct	ors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorpor	ators v	vithout shareholder action and shareholder	
Dated07   24   20	ر ،			
Signature 04 d	911	<u></u>	<b>-</b>	
(is a minimum from	orporator	– if ir	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)	
<i>C</i>	PISTO	PHE	2 L. GRIFFITHS	
	(Typed o	or print	ed name of person signing)	
	PTS	D		
	•	(Ti	de of person signing)	