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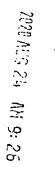
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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARVINS GARDEN INC.
Firm/ Company Address

Bunnell Flows 32110

City/ State and Zip Code MALVINS GARLEN FNC (HABOL ON E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>386</u>) <u>793 - 8992</u> Area Code & Daytime Telephone Number 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

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

MARVINS GAR	DEN, INC.	
(Name of Corporation a	is currently filed with the Florida Dept. of State)	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment((s) to
A. If amending name, enter the new name of the corpo	pration:	
	The new	
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	oration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u></u>	
	1929 AUG 24	
C. Enter new mailing address, if applicable:	লৈ ১১	
(Mailing address MAY BE A POST OFFICE BOX)	_	
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		- 1
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: In familiar with and accept the obligations of the position.	
Signature	e of New Registered Agent, if changing	
-,		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_5	DARBI WILBANICS	PO BOY 1487
Add			BUNKY FLORIDA
X Remove			32110
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nding or addin additional shee	rts, if necessary,). (Be spec	cific)				
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<u>II an a</u> Drovi	imendment pro isions for imple	menting the ar	<u>icnange, rec</u> mendment i	f not contair	i, or cancellated in the am	<u>rion ot issued</u> e nd ment itse	snares, eff:	
(/	if not applicable	:, indicate N/A)					_	
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he date of each amendment(s) ad	option:	, if other than the
ate this document was signed.		
ffective date if applicable:	AUBUST 20, 2020	
	10 MOST 20, 2020 (no more than 90 days after amendment file	(date)
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as th
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
The amendment(s) was/were ador by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	16UST 20 2020	
Signature	ma le	 .
(By a di selected	rector, president or other officer – if directors or officers , by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	
	MARNIN SIEETS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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