P03000035097

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MORENO LAND	SCAPING AND NURSER	Y INC.
DOCUMENT NU	MBER: P03000035097		- 1 - Try - F Smillson
The enclosed Artici	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	ARNALDO MORENO		
		Name of Contact Person	n
	MORENO LANDSCAPING	AND NURSERY INC.	
		Firm/ Company	
	11521 SW 132ND AVENUE		
	Address		
	MIAMI, FLORIDA 33186		
	*P	City/ State and Zip Cod	С
	MCMTITLEEXAM@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call: at (9729128
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		·
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 i	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

MORENO LANDSCAPING AND NURSERY INC.

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

MORERO E. MINGENT INC.		2022	
(Name of Corporation	on as currently filed with the Fl	orida Dept. of State ?	PM
203000035097			" L. U.
(Docun	nent Number of Corporation (if kr	nown)	• .
tursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	<i>poration</i> adopts the fol	lowing amendment
. If amending name, enter the new name of the co	orporation:		
			The new
ame must be distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A professional cor,		
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD			
The party of the address proof by a street rot			
			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			_
			
. If amending the registered agent and/or register		ter the name of the	
new registered agent and/or the new registered	omce address:		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
 	(Florida street address)		
New Registered Office Address:		, Florida	
Seb Acgistered Office Address.	(City)	1 lorida	(Zip Code)
ew Registered Agent's Signature, if changing Reg			
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the posi	ition.
		·	
Signa	ature of New Registered Agent, if	changing	
Check if applicable			

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	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	STD	GRETHYS MORENO-GONZALEZ	3310 SW 69TH AVENUE
Add			MIAMI, FL 33155
X Remove			
2) Change	STD	GREISY MORENO	11521 SW 132ND AVENUE
X Add			MIAMI, FL 33155
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If ame (Attacl	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s (Be specific)	s) here:		
N/A					
		·			
		<u></u>		<u></u>	
					
					
	,				
	· · · · · · · · · · · · · · · · · · ·				
·					
		- ·			
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		-			
F. <u>If an a</u>	mendment provides for an exc	hange, reclassification	on, or cancellation of	issued shares,	
prov	isions for implementing the am if not applicable, indicate N/4)	endment if not conta	ined in the amendme	ent itself:	
N/A	y an approxime, materie (n.1)				
			·		
	1112,7117				

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	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for te sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes of	rast for the amendment(s) was/were sufficient for approval	
by	.**	
	(voting group)	
02/02/2 Dated	2023	
sele	a director, president or other officer – if directors or officers ected, by an incorporator – if in the hands of a receiver, truste ointed fiduciary by that fiduciary)	
	ARNALDO MORENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	