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TO: Amendment Section Division of Corporations

•			
NAME OF CORPOR DOCUMENT NUMB	_{ATION:} <u>BERNABE N</u> ER: <u>P040008941</u>	·	UIPMENTS, CORP
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
,	YANDRY MARTI	NEZ	
- -	BERNABE NUR	··································	JIPMENTS, CORP
-	19225 SW 264 S	Firm/ Company TREET	
-	HOMESTEAD, F		· · · · · · · · · · · · · · · · · · ·
DAŁ	KOTATAX@GMA		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
YANDRY MA	RTINEZ	_{at (} 305	345 1712
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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 Divisio Ćlifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

BERNABE NURSERY AND EQUIPME	ENTS, CORP	
(Name of Corporation as currently filed with t	the Florida Dept. of State)	•
(Document Number of Corporati	on (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	19223 3W 204 3TNLLT	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOMESTEAD, FL 33031	<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19225 SW 264 STREET	-
(Maning dualess MAT DE ATOST OTTICE BOX)	HOMESTEAD, FL 33031	-
·		-
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	address in Florida, enter the name of the dress:	3 (7) (8) (9) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
Name of New Registered Agent DAKOTA ACC	COUNTING SERVICES	1 35 − 35 − 35 − 35 − 35 − 35 − 35 − 35
13501 SW 12	28 ST #217	8
	da street address)	
New Registered Office Address:	, Florida 33186	_ ••
((City) (Zip Code)	116 25
New Registered Agent's Signature, if changing Registered A	депту	
I hereby accept the appointment as registered agent from fami	nar with and accept the obligations of the position.	
Signature of New Registe	red Agent, if changing	

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		MILAGROS VALDES	20791 SW 207 AVENUE
Add				MIAMI, FL 33187
Remove				
2) Change	V	·	BARTOLO MARTINEZ	20791 SW 207 AVENUE
Add				MIAMI, FL 33187
Remove				
3) Change	Р		YANDRY MARTINEZ	19225 SW 264 STREET
Add				HOMESTEAD, FL 33031
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
 	
· · · · · · · · · · · · · · · · · · ·	
	_
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

date this document was signed.	, if other than the
Effective date if applicable: 10/01/2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10/16/2013	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	ourt
YANDRY MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	