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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VERA'S NURSER	Y, INC			
DOCUMENT NUMB	ER: P04000134110				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		JOSE MARTINEZ			
•	Name of Contact Person				
	JM Martinez, CPA P.A.				
-		Firm/ Company			
	2100 PONCE DE LEON BLVD. STE 740,				
-		Address			
	CORAL GABLES, FL 33134				
-		City/ State and Zip Cod	e		
	JOSE	E@JMMARTINEZCPA.CO	DM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Jose Martinez		at ( 305	445-7554		
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	irtment 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)		
	ing Address		Address		
Amendment Section			ment Section		
Division of Corporations			n of Corporations Building		
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VERA'S NUSERY, INC.

VERA'S NU	SERY, INC.		
(Name of Corporation as curren	ntly filed with the Florid	a Dept. of State)	_
(Document Number	of Corporation (if known	<u> </u>	<del></del> _
·	•	•	
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is <i>Florida Profit Corpora</i>	ation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:			
			e new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional c	ncorporated" or the abbre corporation name must cont	wiation ain the
B. Enter new principal office address, if applicable:	20451 SW 216 STR	EET	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FL 33170		
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 ad	dress in Florida, enter t	he name of the	
new registered agent and/or the new registered office addre		<del></del>	
Name of New Registered Agent	<del> </del>		
(Florida	street address)		
(r torna :	sireer addressy		
New Registered Office Address:	(City)	, Florida /Zip Code	<del></del>
	reny	(Zip Coue	7
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent. I am familia		· — · · •	•
		2018 SEC ALL,	
		AHA.	
Signature of New	Registered Agent, if char	nging Solid	
	g	nging Script	fudui j -
		ס בַּב	1.11
		- <del> </del>	

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:

$\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	ROBAINA, NOELIA	15602 SW 177 TERR
Add			MIAMI, FL 33187
XX Remove			
2) XX Change	vs	ISBEL VERA	15602 SW 177 TERR
Add			MIAMI, FL 33187
Remove			
3 ) Change			
Add			
Remove			
0 0			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
5) Change		<del> </del>	
Add			
Remove			

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

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/19/2018 Dated	
Signature ————————————————————————————————————	_
Ismel Vera	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

. . . .