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COVER LETTER

TO: Amendment Sect Division of Corpo			,	
NAME OF CORPOR	NATION: Tampus	Houist In	<u>-</u>	
DOCUMENT NUME	BER: <u>PO5000</u>	36838		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	Juan	Solas		
	Tama	Name of Contact Person 14 HUST Firm/ Company		
		Firm/ Company		
	8350. N. C	lormenia au	e	
		Address		
	Tampa	F.L. 3360 City/ State and Zip Cod	4-	
	U	City/ State and Zip Cod	c	
	Campas Flous E-mall address: (to be us	s+ O Yahoo . sed for future annual report	Com notification)	
For further information	concerning this matter, plea-	se call:		
<u> Juan</u>	Dalas	at (<u>\$13</u>	727-2461	-
/ 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:	; ; S
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	: 3 : 3 : 3 : 3 : 3 : 3 : 3
	ing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Co	entre of Tallahassee	
Talla	hassee, FL 32314	2415 እ	V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tampa's Florist Inc.		
	filed with the Florida Dept. of State)	
P05000136838	(10)	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
	î	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation	"Corp., "
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	<u> 1/A</u>	
tFlorida street	t address)f	
New Registered Office Address:	<i>N/A</i> . Florida	— .
· · · · · · · · · · · · · · · · · · ·	Tity) Florida (Zip Cod	de) 🤍
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Reg	th and accept the obligations of the position. A A A A A A A A A A A A A	
Check if applicable		

 \Box 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)

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.

- BIJKE JOHEN, Y AS INCHION - Paramedar	v, ana sauy smu	n, 5) as an Maa.	
Evample: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name A .	<u>Addres</u> s
1) ChangeAdd	<u>P</u> -	Juan W Solas J	1006-Cripple Creek Pol Plant City Fel 33565
Remove 2) Change Add	<u>P</u>	Maria T. Lope	7006 - Cripple Cuek Pd Plant City Fl 33565
Remove Change Add	<u>s/r</u>	Juan M Selas	7006. Cripple Crack Ro
Remove 4) Change Add			7006. Cripple Crack Ro Plant City Fel 33565
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	n/A
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	. (
If an amendment provides for an exchange, reclassification, or cancellation of	of issued shares.
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ment itseit:
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	-

. . . .

	doption:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	,
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame efficient for approval.	ndment(s) /00/
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	 .	
	(voting group)	
selected	y/20 zz ector, president or other officer – if directors or officers have no 1, by an incorporator – if in the hands of a receiver, trustee, or other	ot been her court
appoint	ed fiduciary by that fiduciary)	
	Juan M Salas JR	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	