

P090000088 117

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(Address)

(Address)

(City/State/Zip/Phone #)

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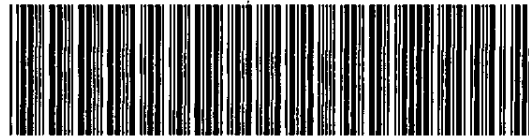
(Business Entity Name)

(Document Number)

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2011 NOV 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA FLOWER WHOLESALER, INC.

DOCUMENT NUMBER: P09000088117

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMA GARCIA

Name of Contact Person

FLORIDA FLOWER WHOLESALER, INC.

Firm/ Company

5225 GODDARD AVE.

Address

ORLANDO, FL 32810

City/ State and Zip Code

ACCOUNTINGBYJV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: ,

JOSUE VASQUEZ

Name of Contact Person

at (407) 869-0909

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 &
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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2011 NOV 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FLOWER WHOLESALER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000088117

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

EMMA GARCIA

539 VILLA FONTANA, APT. # 202

New Registered Office Address:

(Florida street address)

ALTAMONTE SPRINGS

(City)

Florida FL

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>P</u>	<u>EMMA GARCIA</u>	<u>539 VILLA FONTANA, APT. 202</u> <u>ALTAMONTE SPRINGS, FL 21714</u>
2) <u>ST</u>	<u>EMMA GARCIA</u>	<u>539 VILLA FONTANA, APT. 202</u> <u>ALTAMONTE SPRINGS, FL 21714</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>PD</u>	<u>KRISTOPHER GARCIA</u>	4) _____	_____
2) <u>S</u>	<u>OSCAR GARCIA</u>	5) _____	_____
3) _____	_____	6) _____	_____

(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

The date of each amendment(s) adoption: NOVEMBER 8, 2011

Effective date if applicable: NOVEMBER 8, 2011 (date of adoption - required)
(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(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.

Dated NOVEMBER 8, 2011

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EMMA GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)