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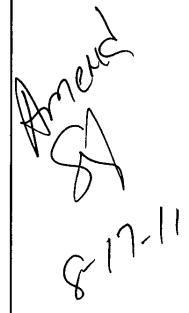
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: BIO FARMS FLOWERS INC				
DOCUMENT NU	DOCUMENT NUMBER: P010000068875				
The enclosed Artic	cles of Amendment and fee	are submitted for filing.			
Please return all co	orrespondence concerning the	his matter to the following:			
		HRISTIAN TORZEL			
		Name of Contact Person			
BIO FARMS FLOWERS INC					
	Firm/ Company				
	10441 SW 156 CT # 4211				
Address					
	MIAMI FL 33196				
	,	City/ State and Zip Code			
	E-mail address: (to be us	sed for future annual report notification)			
For further information	ation concerning this matter	r, please call:			
CHF	RISTIAN TORZEL	at (786) 3	98-9210		
Name of Contact Person		Area Code & Daytime Tel	ephone Number		
Enclosed is a checl	k for the following amount	made payable to the Florida Depart	tment of State:		
	\$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 Ac		Street Address			
Amendmen			Amendment Section		
Division of Corporations P.O. Box 6327		Clifton Building	Division of Corporations Clifton Building		
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BIO FARMS FLOWERS INC

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

P010000068875

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the corporatio	<u>n:</u>	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
N/A		Thể nế
designation "C	orp," "Inc," or "Co"	'. A professional corporatio
	N/A	
<u>CE BOX</u>) egistered office		enter the name of the
N/A		
New Registered Office Address: (Florida street address		
1	,	
N/A	,	, Florida
	the word "corp designation "Co fessional associa licable: TADDRESS) CE BOX egistered office tered office add	the word "corporation," "company, designation "Corp," "Inc," or "Co" fessional association," or the abbreviolicable: N/A TADDRESS N/A N/A egistered office address in Florida, estered office address: N/A

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Preside	Karen Manzanera	10441 sw 156 ct 4211 Miami Fl 33196	☐ Add ☐ Remove
			□ n
	**************************************		D.m. cc
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisio	nendment provides for an exchangons for implementing the amendment of applicable, indicate N/A)		
N/a			

(s) adoption: <u>08/05/2011</u>
08/05/2011 (date of adoption is required)
(no more than 90 days after amendment file date)
(CHECK ONE)
re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
cast for the amendment(s) was/were sufficient for approval
(voting group)
(voting group)
re adopted by the board of directors without shareholder action and shareholder
re adopted by the incorporators without shareholder action and shareholder
5/2011
Joan Ball
a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
pinted fiduciary by that fiduciary)
Bandeon David
(Typed or printed name of person signing)
Director
(Title of person signing)