# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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And

To:

Division of Corporations

Fax Number

: (850)617-6380

MAY 20.2014

R. WHITE

From:

Account Name

LEBRON ACCOUNTING SERVICES INC

Account Number : 120110000076

: (813)877-8910

Fax Number

: (813)514-2806

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN MOFORIBALE BOTANICA INC

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\$35.00

# H1400011 83503

Division of Cor	DRATION: MOFORIBA	ALE BOTANICA	A INC	
BOCUMENT NUM	MBER: P1000009750	11.	· · · · · · · · · · · · · · · · · · ·	<del></del>
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	ttor to the following:		
	Milka Haskins EA	<b>V</b>		
		. Name of Contact Pers	on .	· ,·.
	Haskins & Herrer			***************************************
	5116 N. Armenia	Firm/ Company AVe		
	Tampa, FL 3360	Address 3		
le	bronaccounting@y	City/ State and Zip Co	kie	
		sed for future annual repo	rt notification)	
For further information	tion concerning this matter, plea	se call:		
Milka Hask	ins EA	<sub>st (</sub> 813	Oude & Daytime Telephone 1	<u> </u>
Nan	ne of Contact Person	Area C	Cude & Daytime Telephone I	Number
. Enclosed is a check	for the following amount made	payable to the Florida De	partment of State:	
235 Filing Pce	Cis43,75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ā	Tailing Address Incudment Section Division of Corporations	Ame	et Address  ndment Section  sion of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

H140001183503D

Articles of Amendment Articles of Incorporation

of

MOFORIBALE	BOTANIC	A INC
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(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

femalian 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new na	me of the corp	oration:				The ne
name must he distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	atton "Corp."	"Inc," or "Co	". A professio			abbreviatio
B. Enter new principal office address.			·	· .	<del></del>	
(Principal office address MUST BE A S	TREET ADDR	ESS)		•	.*	
	,					, , ,
						<del>-</del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable;</u> OFFICE BOX)					
						- <b>-</b> :
				·	·	<del>-</del>
D. If amending the registered agent an			is in Florida, ei	nter the nan	ie of the	
new revistered accept and/or the new			•			
Nume of New Registered Agent	Monica I		·			•
	8851 Cy	press Ha	ammock (	<b>)</b> r		
		(Florida stree	t uddress)			
New Registered Office Address:	Tampa			. Florida	33614	
		(Clty)			(Zip Code)	<del></del>
				•	•	• • •
		•	_		٠,	

Signature of New Registered Agent, if changing

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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 mainer. 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	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P,D.	Monica Faba	8851 Cypress Hammock Dr
Add			Tampa, FL 33614
Remove			
2) Change	P,D.	Aida Enciso	4514 Knollwood Ave
Add			Tampa, FL 33614
Remove			
3) Change	· · · · · · · · · · · · · · · · · · ·	_	
Add	<i>;</i>		
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
o Change			
Add			
Remove			

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H n	ovisions for tinj (If not applica	ble, indicate N/A)									
II n	ovisions for tinj (If not applica	ble. indicate N/A)									
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Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment 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 board of directors without shareholder action and shareholder action was not required.  Dated 05/15/2014  Signature  (By a director, president of 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)  Aida Enciso  (Typed or printed name of person signing)	The date of each amendment date this document was signed	(s) adoption: Our lorz	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·		·, <del></del>	, if other than the
(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 cust for the amendment(s) was/were sufficient for approval by					٠			
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President			Typed or printed	name of person	n signing)			
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