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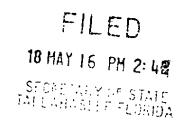
TO: Amendment Section Division of Corporations

light (

NAME OF CORPOR	ATION: ALL TROPICAL	PLANTS, INC					
DOCUMENT NUMB							
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	AMAURY MARTELL						
•		Name of Contact Persor	1				
	ALL TROPICAL PLANTS, INC						
		Firm/ Company	_				
	25205 SW 212TH AVENUE						
		Address					
	HOMESTEAD, FL 33031						
	<del></del>	City/ State and Zip Cod-	<u> </u>				
MAR	IA@SUAREZ-BASTER.CO	M					
WIAK	•	sed for future annual report	natification)				
	iz-mair address, (to be u	sed for future animal report	notification)				
For further information	concerning this matter, pleas	se call:					
AMAURY MARTELL		305 at (	246-1868				
Name of Contact Person		at ( 305 ) 246-1868 Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:				
S35 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building				
		2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ALL TROPICAL PLANTS, INC

(Name of Corporation as	currently filed with the Florida Dept. of State)
P11000029703	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
NON APPLICABLE	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "h word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S</u> )
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
N 10 11 11 11 11 11 11 11 11 11 11 11 11	er in the state of
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
Same of New Negtweetea Agent	
	Florida street address)
''	in the sectional case
New Registered Office Address:	, Florida City: tZip Code:
	(Cik) 12th Coast
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	
	of New Registered Agent, if changing
Signature	ој меж кедімегей адені, и спандінд

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: XChange	<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>	<u>Addres</u> s	
1) Change	VP	JEANETTE MINCEY-MARTELL	25205 SW 212TH AVENUE	
Add			HOMESTEAD, FL 33031	
X Remove				
2) Change			_	
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change			_	
Add				
Remove				
5) Change		_	_	
Add				
Remove				
6) Change				
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)	
ALL STOCKS 100% - AMAURY MARTELL	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	May 11,	12018	, if other than the
date this document was signed.  Effective date <u>if applicable</u> :	(no more than 90 lays after	er amendment file date	21
Note: If the date inserted in this block does n document's effective date on the Department of		tory filing requiremen	nts, this date will not be listed as th
Adoption of Amendment(s) (CH	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		of votes cast for the am	nendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amer	ndment(s) was/were sufficier	nt for approval	
by		<del></del> .	
(voi	ting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without sh	nareholder action and	shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without sharel	nolder action and share	eholder
12/18/17 Dated			
	ident or other officer – if dir orporator – if in the hands of by that fiduciary)		
AMAURY	MARTELL		
	(Typed or printed name of pe	erson signing)	
PRESIDES	T		

(Title of person signing)