P110000041917

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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EFFECTIVE DATE

DOT 3 500

Amend Mame CC/CUS Ch8

COVER LETTER

TO: Amendment Section

Division of Corpo	rations					
NAME OF CORPOR	17 11 ()	<u>be Grow</u> 000 41 91	ers Inc			
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:				
_	Mateo U					
	NA	Name of Contact Person	n			
·		Firm/ Company				
_	5185 500	160th Ave				
	Sw han	Address FC	33331			
•		City/ State and Zip Cod	e			
Address Sur Ranches, FL 3333/ City/State and Zip Code Mateouribe @ Vahoo-com						
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, pleas	se call:				
Mat	eo Uribe	at (954	274 - 2461 de & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & 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



() Oi / of		,
Uribe (Trowers	Inc	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	_
P110000 4917		
(Document Number of Corporation (if	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
Garden Sensation	Inc	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must	abbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5185 SW 160th AV	<u>'</u> e -
C. Enter new mailing address, if applicable:	Florida, 33331	-
(Mailing address MAY BE A POST OFFICE BOX)	U/A	_
D. Manual disease the societies of a second and the	- In File of the control of the cont	- Ea
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of the	S SS
Name of New Registered Agent 1		- 15 FE
New Registered Office Address:	et address) , Florida	60
(City)	(Zip Code)	- - :
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	

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)

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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title	Λ	Name		<u>Addres</u> s
1) Change	<u>t)</u>	H			
Add	•				
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add		_			
Remove					
<i>*</i> 1					
5) Change		_			
Add					
Remove					
6) Change				······	
Add					
Remove					



<u>f amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
1/1	
П П	
	M-14/2-1
	Anneys are
	NAME
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	
NA	
NA	
NA	
NA	
NA	

The date of each amendment(s) ac	loption: 10/ 1/20	210	
Effective date if applicable:	10/31/201	7	
	(no more than	90 days after amendment file	date)
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ado by the shareholders was/were su		he number of votes cast for th	e amendment(s)
The amendment(s) was/were app must be separately provided for			
"The number of votes cast	for the amendment(s) was/w	vere sufficient for approval	
by	(voting group)	.,,	
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directo	rs without shareholder action	and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators wi	ithout shareholder action and	shareholder
Dated	1/01/2012		
Signature	Malinerity		
(By a di selecter	irector, president or other of d. by an incorporator – if in	ficer – if directors or officers the hands of a receiver, truster	have not been
	ted fiduciary by that fiduciar		,, == =================================
	Mateo (Iribe	
	(Typed or printe	d name of person signing)	
	CEO		
	(Title of perso	on signing)	