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JBrown 8-19-11

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:J	M S EQUIPMENTS NURSERY CORP	
DOCUMENT NUM	BER:	P11000064572	
The enclosed Articles	of Amendment and fe	ee are submitted for filing.	
Please return all corre	spondence concerning	this matter to the following:	
	Jl	JAN MIGUEL SANTOS	
		Name of Contact Person	
. —		Firm/ Company	
786		7864 SW 157TH PL	
Address			
_		MIAMI, FL. 33193 City/ State and Zip Code	
	E-mail address: (to be	used for future annual report notification)	
For further information	n concerning this matte	er, please call:	
JUAN M	IGUEL SANTOS	at (305) 9682576	
Name of 6	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amoun	t made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

2011 AUG 18 AM NO 51

ALLAHASSELOFSIATE

J.M.S. EQUIPMENTS NURSERY, CORP

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

P11000064572

(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:

		he new
abbreviation "Corp.," "Inc.," or Co.," or the	ne word "corporation," "company," or "incorporated" designation "Corp," "Inc," or "Co". A professional corp essional association," or the abbreviation "P.A."	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>E BOX</u>)	
D. If amending the registered agent and/or remains registered agent and/or the new registered agent and/or registered agent ag	gistered office address in Florida, enter the name of the ered office address:	
new registered agent and/or the new regis		
new registered agent and/or the new regis	(Florida street address)	
new registered agent and/or the new regis	(Florida street address)	

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
			Remove
	nding or adding additional Art		
(anuch t	additional sneets, if necessary).	(Be specific)	
		, , , , , , , , , , , , , , , , , , ,	
F. <u>If an a</u>	mendment provides for an ex-	change, reclassification, or cancella endment if not contained in the am	ntion of issued shares,
if	not applicable, indicate N/A)	endment if not contained in the and	enument useu.

The date of each amendment	(s) adoption: AUGUST 1, 2011
Fffective date if applicables	AUGUST 1, 2011 (date of adoption is required) AUGUST 1, 2011
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere 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):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated AUG	SUST 1, 2011
Signature	a director, president or other officer – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	JUAN MIGUEL SANTOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)