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SECRETARY OF STATE

COVER LETTER

TO: Amendment Sec Division of Corp			,		
NAME OF CORPOR	RATION: BOTANICA LA A	FRICANA GROUP INC			
DOCUMENT NUM	BER: P12000010932	<u> </u>			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	JOAQUINA MELO				
		Name of Contact Person		_	
	Botanica LA	Arricana (up Tre.	_	
	9562 SW	unel.			
	1002 300	Address		_	
	prani	H 33 LLT City/ State and Zip Code	2		
	E-mail address: (to be us	ed for future annual report	notification)	2024	
For further information	on concerning this matter, pleas	se call:	二 [25] [37]	2024 JUN 17	# # # # #
JOAQUINA MELO		at (³⁰⁵	3037361		7515. j
Name	of Contact Person		de & Daytime Telephone Numb		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	H 5	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status		
		(Additional copy is enclosed)	Centified Copy (Additional Copy is enclosed)		
Ma	illing Address	Street	Address		
Amendment Section Amendment Section					
	Division of Corporations Division of Corporations The Corporations				
P.O. Box 6327 The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

BOTANICA LA AFTICANA GROUPINC

(Name of Corporation as currently t	iled with the Florida Dept. of State)
P12000010932	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A mattered, "professional association." or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Forman mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	20
	2024 SECT
Duran III all and a sunt and a majoraned office address	or in Florida, enter the name of the
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the hame of the
·	SS 7 1 1 1
Name of New Registered Agent	171.
(Florida stree	address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	and the state of the state of
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Ci	gistered Agent, if changing
Signature of New Reg	;wiereu agent, y enunging

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check Onc) 1) Change	P	JOAQUINA B MELO	9201 SW 16ST
Add	.		MIAMI FL 33165
X Remove			
2) Change	VP	LISBET VARGAS	10214 SW 9TH TERRACE
X Add			MIAMI FL 33174
Remove 3) Change	S	JOAQUINA B MELO	9201 SW 16ST MIAMI FL 33165
X Add			SECR TAL
Remove 4) Change	P	LISSETTE VAZQUEZ	10214 SW 9 TERRAGE
X Add			MIAMI FL 33174/10 D
Remove 5) Change	VP	LISSETTE VAZQUEZ	10214 SW 9 TERRACE
Add			MIAMI FL 33174
X Remove			
δ) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here:			
Attach additional sheets, if necessary). (Be specific)			
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	TALLAHASSE	JUN 17 PH L:	• • • • • • • • • • • • • • • • • • • •
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 P	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	• • • • • • • • • • • • • • • • • • • •
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	•
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	• • • •
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TALLAHASSE	JUN 17 PH L:	

The date of each amendment(s) added this document was signed.	adoption:	3/15/24		, if other than the
Effective date <u>if applicable</u> :		(no more than 10 days after a	imendment file date)	
Note: If the date inserted in this document's effective date on the I			y filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHE	ECK ONE)		
The amendment(s) was/were ac action was not required.	dopted by the in	ncorporators, or board of dire	ctors without sharehold	er action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were			votes cast for the amend	dment(s)
☐ The amendment(s) was/were apmust be separately provided for	,			
"The number of votes cas	st for the amend	dment(s) was/were sufficient	for approval	
by	(votin	ng group)	."	
Dated	6-14-2	.4		
Signature ⊱ 🗘	Mulo	3	Cr. I	
select	ed, by an incon	lent or other officer – if direct porator – if in the hands of a i by that fiduciary)		
	Jorg	yped or printed name of pers	on signing)	
		esident.	······································	2024 SECI
		Title of person signing)		JUN 17
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