P120000004

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: UNIQUE	DETAILER	GARDENING	INC
DOCUMENT NUMBER:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12000090024) CARDENING L	
The enclosed Articles of Amen	dment and fee are subm	nitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
	100	O OVE	r	
<u> </u>	107	OV/ES	1	_
	DA C.	OVIES CPA	PA	
- ···	, 0,,	Firm/ Company		_
	3785 N	1W 82 DUE Address	= #302	_
		Address		
	DOR	Address Address Az f2 33 City/ State and Zip Cod	3166	_
		City/ State and Zip Cod	e	
E-r			notification)	
For further information concern	ning this matter, please o	call:		
Ida C	Ovies	at (<u>305</u>)	
Enclosed is a check for the follower	owing amount made pay		,	er
	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 Ade Amendment Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

of

UNIQUE DETAILED GARDENING INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 1200009M24	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:	iment(s) to
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	į
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	· 22
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	PH 3: 1
Name of New Registered Agent	∌1 ≦
(Florida street address)	
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with 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 <math>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	PT John	Doe	
X Remove		<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	ABRAHAH RIGOBERTO	15625 SW 146 AVE
Add			15625 SW 146 AVE MIAMI FL 33177
Remove			
2) Change	PTD	VALENCIA MAYTEE	_15625 SW 146 AVE
Add		,	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			145-1-21-1-21-1-21-1-21-1-21-1-21-1-21-1
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	(
<u>-</u>	
	·
If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

date this document was signed.	option:	, if other than th
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	14 18 20/A	
X Signature	1/1-1	
selected.	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
-	RIGOBERTO ABRAHMA (Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
-	(Title of person signing)	_
	CTIDE OF DEISON NUMBER)	