P12 000094874





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BOTANICA ORL	ANDO, INC		
DOCUMENT NUMB	ER: P12000098874			
	of Amendment and fee are su	bmitted for filir	ığ.	
Please return all corres	pondence concerning this ma	tter to the follo	ving:	
	MARIET OSTOS			
		Name of Co	ntact Persor	1
	SUCCESS BUSINESS SOLU			
	ogel e culicu ve viv movi		ompany	
	2751 S CHICKASAW TRAI			
		Ado	lress	
	ORLANDO, FL 32829			
		City/ State a	nd Zip Code	e
MOS [*]	TOS@MARIETOSTOS.CON	.1		
	E-mail address: (to be us	sed for future ar	nual report	notification)
For further information	concerning this matter, pleas	se call:		
MARIET OSTOS		at (407	
Name c	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the l	Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified C (Additiona enclosed)	lop <u>y</u>	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section				Address
	Amendment Section			
Divi P.O.	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

٠	RO	TA	NICA	ORT	ANDO.	INC
		1/1		(//(1	.とうこうしょくし.	1111.

(Name	of Corporation as currentl	y filed with the Fl	orida Dept. of State)	
P12000098874				
	(Document Number of	Corporation (it kr	nown)	\ _
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Cor	poration adopts the follow	ring amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or "	Co". A profession		abbreviation
B. Enter new principal office address,	if applicable:	N/A		20
(Principal office address MUST BE A S				9 7
		-	' -	
			·	<u> </u>
C. Enter new mailing address, if appl		N/A		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			<u> </u>
				<u> </u>
D. If amending the registered agent ar new registered agent and/or the ne			ter the name of the	
Name of New Registered Agent	NUNEZ, FRANCISCO A	•		
Name of New Registered Agent	9900 EAST COLONIAL I	DRIVE		
	(Florida str	ect address)		
New Registered Office Address:	ORLANDO		Florida 32825	
		(City)		p Code)
New Registered Agent's Signature, if c	honning Dogistared Agents			
I hereby accept the appointment as regist			obligations of the position	i.
	1			
, A	make the	7		
<u>~</u>	Signature of New R	egistered 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 Doc 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: <u>X</u> Change	<u>PT</u> <u>Jo</u>	<u>hn Doc</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALBALIRA RODRIGUEZ	9900 EAST COLONIAL DRIVE
Add			ORLANDO, FL 32825
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 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)
N/A
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)
N/A

	10/04/2019	
The date of each amendment		, if other than the
late this document was signed		
Effective date if applicable:	10/04/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
10/04 Dated Signature_ 	12019 12000	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	FRANCISCO NUNEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	