P12000099907

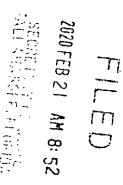
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Jardin Floral Desig	n. Inc		
	IBER: P12000099907			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Christian Muller			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1	
	Jardin Floral Design			
		Firm/ Company		
	4949 Tamiami Trail N Ste 10)1		
	Address			
	Naples/ Florda 34103			
		City/ State and Zip Code	>	
	christian@jardinfloraldesign.	com		
		sed for future annual report	notification)	
For further informati Christian Muller	on concerning this matter, pleas	se call: at (8485098	
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	
	or the following amount made			
■ \$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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οf

/Noma	of Corporation as curren	the filed with the Flori	do Dent. of State)
(<u>ivame t</u> 12000099907	or Corporation as curren	nty fried with the riors	ua Dept. of State)
	(Document Number	of Corporation (if know	vn)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpor	cation adopts the following amendment(s
. If amending name, enter the new n	ame of the corporation:		
N/A			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association."	Corp," "Inc," or "Co".	A professional corpor	
3. Enter new principal office address,		N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	202 58
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	221
		N/A	= 2 0
		N/A	752 700)
). If amending the registered agent ar new registered agent and/or the new			the name of the
Name of New Registered Agent	N/A		
	N/A		
New Registered Office Address:	(Florida :	street address)	
	N/A		, Florida N/A
1. Or I Common Con Control Control	(City)		(Zîp Code)

☐ 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:	re, ana sa	ry Smin, Sr us un Mua.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	OLIVIA M MULLER	4949 TAMIAMI TRAIL N STE 10
X Add			NAPLES, FL 34103
Remove			
2) Change	S	JULIA L MULLER	4949 TAMIAMI TRAIL N STE 10
X Add			NAPLES, FL 34103
Remove Change	N/A	N/A	
Add			
Remove			
4) Change	N/A	N/A	
Add			
Remove			
5) Change	N/A	N/A	
Add			-
Remove			
6) Change	N/A	N/A	
Add			
Remove			

(Attach	ending or adding additional A an additional sheets, if necessary	·). (Be specific)				
N/A						
				<u> </u>		
				•		
						
						
						
					·	
	·					
<u>If an a</u>	amendment provides for an e isions for implementing the a	<u>xchange, reclassifi</u> mendment if not c	ication, or cance contained in the	llation of issued s amendment itself	shares, f:	
(,	if not applicable, indicate N/A)				-	
/A						
<u>-</u>			<u> </u>			
		 		<u> </u>		
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			<u> </u>			
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	N/A	:0 .1 .1 .1
The date of each amendment(s) ad	option:	, if other than the
date this document was signed. N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following 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 N/A	**	
<u> </u>	(voting group)	
02/18/2020		
02/18/2020 Dated		
Signature	all the	
	rector, president or other officer - if directors or officers have no	
	 d, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary) 	er court
арропи	ed fiduciary by that fiduciary)	
	Christian A Muller	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)