

213000069033

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 19 AM 9:14

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Amend

DEC 19 2019  
ALBRITTON

**COVER LETTER**

Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LORENZA PEREZ NURSERY INC

**AMENDMENT NUMBER:** P13000069033

Enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERNABE SALGADO  
Name of Contact Person  
LORENZA PEREZ NURSERY INC  
Firm/ Company  
16975 SW 272ND ST  
Address  
HOMESTEAD, FL 33031  
City/ State and Zip Code

g.salgado5292@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNABE SALGADO at ( 786 ) 229-2876  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

<input type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

RENZA PEREZ NURSERY INC

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

000069033

(Document Number of Corporation (if known))

uant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to  
articles of Incorporation:

If amending name, enter the new name of the corporation:

The new  
be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"  
or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word  
"professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS )

BERNABE SALGADO

16975 SW 272ND ST

HOMESTEAD, FL 33031

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent BERNABE SALGADO

16975 SW 272ND ST

(Florida street address)

New Registered Office Address: HOMESTEAD, Florida 33031

(City)

(Zip Code)

As Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

X *Bernabe Salgado*

Signature of New Registered Agent, if changing

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)

Indicate 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. For example, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the P&T 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Kind of Action	Title	Name	Address
Change	P S T	LORENZA PEREZ	16975 SW 272ND ST HOMESTEAD, FL 33031
Add			
Remove			
Change	P S T	GLADIBEL SALGADO	16975 SW 272ND ST HOMESTEAD, FL 33031
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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)*

Page 3 of 4

date of each amendment(s) adoption: 12/11/2019, if other than the  
this document was signed.

effective date if applicable: 12/11/2019  
*(no more than 90 days after amendment file date)*

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

tion of Amendment(s) (CHECK ONE)

Amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

Amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

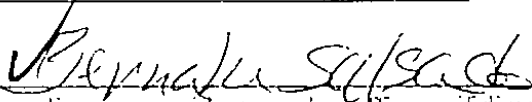
"The number of votes cast for the amendment(s) was/were sufficient for approval

for \_\_\_\_\_."  
(voting group)

Amendment(s) was/were adopted by the board of directors without shareholder action and shareholder approval was not required.

Amendment(s) was/were adopted by the incorporators without shareholder action and shareholder approval was not required.

Dated 12/11/2019

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BERNABE SALGADO

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)