P130000395

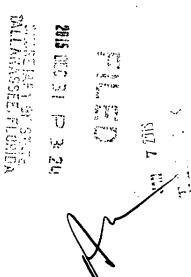
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GARDEN TAXES	INC.					
DOCUMENT NUMBER: P13000100395						
The enclosed Articles of Amendment and fee are sul	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
FREDERICK DENSON						
	Name of Contact Person					
GARDEN TAXES INC						
	Firm/Commons					
20401 NW 2ND AVE SUITE	Firm/ Company 20401 NW 2ND AVE SHITE 206					
1122 1221 1221	Address					
MIAMI, FL 33169	radiess					
	City/ State and Zip Code	;				
fred_denson@hotmail.com						
E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, pleas	e call:					
FREDERICK DENSON	at (668-3286				
Name of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	pavable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	□\$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 Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GARDEN TAXES INC.							
(Name o	f Corporation as cu	urrently f	led with the Florida Dep	t. of State)			
P13000100395							
	(Document Nu	ımber of C	orporation (if known)				
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statute	es, this <i>Fla</i>	rida Profit Corporation a	dopts the fo	llowing	amendr	nent(s) to
A. If amending name, enter the new na	me of the corporat	tion:					
						The n	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc	c," or "Co	". A professional corpor	orated" or ation name	the abi	breviati ontain t	on he
B. Enter new principal office address, if applicable:			20401 NW 2ND AVE				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			SUITE 206				-
			MIAMI, FL 33169				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			20401 NW 2ND AVE			_	
			SUITE 206				
							-
D. If amending the registered agent an new registered agent and/or the new			s in Florida, enter the na	me of the			
Name of New Registered Agent	Name of New Registered Agent						
	20401 NW 2ND A	AVE SUIT	E 206				
	(FI	lorida stree	address)	·			
New Registered Office Address:	MIAMI			_, Florida 3	3169		
		(0	ity)		(Zip C	Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regis			h and accept the obligatio	ns of the po	sition.	20	
F	rederict	Den	Son	:		5	
	Signature o	of New Re	gistered Agent, if changing		Service of the servic	es Lu Tu	METANAA POLITICA METANAA METAN

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		TIFFANY NELSON	8180 NW 13TH AVE
Add				MAN (F. 22147
X Remove				MIAMI,FL 33147
2) Change				
Add				
Remove				
3) Change				
Add				***
Remove				
4) Change				
Add				
Remove				
5) Change				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

	12/22/15	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after an	sendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory ment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of vot ent for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approvemust be separately provided for eac	ed by the shareholders through voting gro h voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for	approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
	d by the board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholde	er action and shareholder
12/22/15 Dated		
Signature	deno Denous	
selected, b	tor, president or other officer – if directo y an incorporator – if in the hands of a re fiduciary by that fiduciary)	
FR	EDERICK DENSON	
	(Typed or printed name of perso	n signing)
VI	CE PRESIDENT	
-	(Title of person sign	ing)