Florida Department of State

Division of Corporations
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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CASA DIRIS FLORAL DESIGNS INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
$\mathcal{O}_{\mathcal{O}} \sim \mathcal{O}_{\mathcal{O}}$	ris Floral Designs Inc.
DOCUMENT NUMBER: 1713000	7108331
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Eyv	or Gomez
	Name of Contact Person
- Go Casal	Jiris Floral Designs Inc.
12800	yy
1880	Address
mian	ni, Florido 33182
	City/State and Zip Code
designs @ H-mail address: (to be us	COSOdivis. Com ad for future annual report notification)
For further information concerning this matter, pleas	e call:
Dianevis Gomez Name of Contact Person	at (305) 10108-3538 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

•		H1406006) 1991 3
	Articles of Amendment	H14000000 2014 JAN -2	PM 2: 54
	to	2014 JAN - 2	- ~ A T F
•	Articles of Incorporation of	YEAR SECURITY	OF SI ORIDA
Casa Dinis	Floral Designs	INC TALLAHASSE	F. F.
(Name of Corporation as curry	ently filed with the Florida Dept. of	State)	
P130	18560100	2,	
(Document Nun	iber of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of	the corporation		
			The new
name must be distinguishable and contain it "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enternew principal office address MUST BE A STREE	"Corp," "Inc," or "Co". A profess or the abbreviation "P.A." Ucable:	or "incorporated" or the actional corporation name must o	bbreviation contain the
C. Enter new malling address, if applicable (Malling address MAY BE A POST OFFICE			
D. If amonding the registered agent and/or r new registered agent and/or the new regi	egistored office address in Florida, s dered office address;	enter the name of the	•
Name of New Registered Agent			
_	(Plorida street address)		
New Replatered Office Address:	(City)	, Florida(Ztp Code)	
New Registered Agent's Signature, If changing I hereby accept the appointment as registered a	n <u>g Registered Agent:</u> gent: Tam familiar with and accept t	he obligations of the position.	

Agnature of New Registered Agent, if changing

			H1400000991 3	
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, and Sally Smith, SV as an Add.				
Example: X Change	PT John D	<u>ao</u>		
X Remove	<u>V</u> <u>Mike J</u>	ones		
X Add	SV Sally S	<u>mith</u>	:	
Type of Action (Check One)	Title	Name	Address	
1) Change Add Remove	<u>vp</u>	Niris Santiago	6370 SW 40 Street Miami, FI 33155	
2) Change Add Remove				
Change Add Remove				
4) Change Add Remove				
5) Change Add Remove		•		
6) Change Add Remove	***************************************			

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ach <i>additional shee</i> t	e additional Articles, et is, if necessary). (Be z	peci(ic)	·	
			. ,	
				
				
				
				
				
				
en emendment pro rovidens for imple (if not applicable	vides for an exchange, menting the amendmen , indicate N/A)	reclassification, or at if not contained i	cancellation of ian n the sunendment	ued shares. tselfi
·*·		······	······································	
				~

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The date of each amendment(s) addate this document was signed.	option: January 2, 2014	, if other than the
Effective date if applicable:	January 2, 2014	"""
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suff	sted 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 f	or the amendment(s) was/were sufficient for approval	,
by		•
	(voting g roup)	
The anendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated. Jan	9004 8.3014	
Signature 17	nelia (
(By adi	rector, president or other officer - if directors or officers have not been	
	, by an incorporator — I in the hands of a receiver, trustee, or other count of fiduciary by that fiduciary)	
-	Dianevis Comez	\
	(Typed or printed name of person signing)	
_	President	
_	(Tit)a of person signing)	