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Office Use Only



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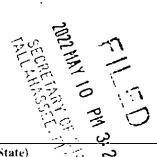
FILED
2022 MAY 10 PH 3: 24
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LA VERACRUZA	NA NURSERY, INC		
DOCUMENT NUMB	ER: P14000005728			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:	•	
I	ERENDIRA MENDEZ GAR	CIA		
_		Name of Contact Person		
I	LA VERACRUZANA NURS	SERY, INC		
_		Firm/ Company		
2	25155 SW 209TH AVE			
-		Address	<u> </u>	
ł	HOMESTEAD, FL 33031			
_		City/ State and Zip Code		
į	PATTYSACCTAX@LIVE.C	COM		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ERENDIRA MENDEZ	GARCIA	786 at (838-8219	
Name of	Contact Person	Area Coc	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, 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



LA VERACRUZANA NURSERY, INC.

			ين د دد
(<u>Nam</u>	e of Corporation as current	ly filed with the Florida Dept. of State)	~ ~ ~
P14000005728			
,	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 60 ts Articles of Incorporation:)7.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new	name of the corporation:		
			The new
	"Corp," "Inc," or "Co".	company," or "incorporated" or the abbro A-professional-corporation name must c 	
3. <u>Enter new principal office addres</u> Principal office address <u>MUST BE A</u>			<u>, </u>
		·	
C. Enter new mailing address, if ap (Mailing address MAY BE A POS	<u>plicable:</u> <u>T OFFICE BOX</u>)		
). If amending the registered agent	and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the i	new registered office address	<u>s:</u>	
Name of New Registered Age	<u> </u>		
	(Florida str	vet address)	
New Registered Office Addres	z:	, Florida	
		(Cuy)	(Zip Code)
lew Registered Agent's Signature, i hereby accept the appointment as reg	changing Registered Agent vistered avent	<u>:</u> with and accept the obligations of the posi	ition
The state of the s	The state of the s	and the transfer of the pro-	
	Signature of New R	Pegistered Agent, if changing	

Check if applicable

☐ 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: XChange	<u>PT</u>	<u>John Doe</u>					
X Remove	<u>V</u>	Mike_Jones					
X Add	\underline{SV}	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	VP	SERAFIN CAGAL-MINTEGA	25155 SW 209 AVE				
Add			HOMESTEAD, FL 33031				
X Remove							
2) Change			_				
Add			· · · · · · · · · · · · · · · · · · ·				
Remove 3) Change							
Add							
Remove							
4) Change			_				
Add							
Remove							
5) Change		_	_				
Add							
Remove							
6) Change			_				
Add							
Remove			•				

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/4)	<u>it amending</u> (Attach <i>addi</i> i	<u>i or adding a</u> tional sheets,	if necessary).	ticles, enter cl (Be specific	nange(s) nero J	<u>r</u> :			
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(if not applicable, indicate N/A)	f an amend	Iment provid	les for an exc	hange, reclass	sification, or	cancellation	of issued sha	res,	
	(if not	<u>applicable, in</u>	nung the amo dicate N/A)	<u>enament 11 no</u>	or contained	<u>in the ameno</u>	ment fisen:		•
					···········				

5.0

late this document was signed	MAY 5, 2022
Iffective date <u>if applicable:</u>	MAT 3, 2022
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
must be separately provide	re approved by the shareholders through voting groups. The following statement od for each voting group entitled to vote separately on the amendment(s): s cast for the amendment(s) was/were sufficient for approval
The number of votes	case for the amendment(s) was were sufficient for approvar
by	(voting group)
	Training Straining
	5/5/22
DatedSignature	E. Me.
(F	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 court oppointed fiduciary by that fiduciary)
	ERENDIRA MENDEZ GARCIA
	(Typed or printed name of person signing)
	pς

(Title of person signing)