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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GENERAL SOLUTIONS INC

Account Number : 120140000086 Phone : (305)255-3310 Fax Number : (305) 255-3320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PETAL CARTEL CO.

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## Articles of Amendment Articles of Incorporation

|  | PETAL CARTEL CO  |   |                |               |             |
|--|--|---|----------------|---------------|-------------|
| (Name  | of Corporation as currently                                    | filed with the Florida Dept. of State)    |                | -             | <del></del> |
|  | P14000032723   |   |                |               |             |
|  | (Document Number of C  | Corporation (if known)                    | <del>-</del>   |               | _           |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 7.1006, Florida Statutes, this Fl                              | oridu Profit Corporation adopts the fol   | lowing amendi  | ment(s)       | to          |
| A. If amending name, enter the new n   | ame of the corporation:  |   |                |               |             |
| •  |  |   | The n          |               |             |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associations of the contract of th | nation "Corp," "Inc," or "Co                                   | ". A professional corporation name :      | the abbreviati | OH.           |             |
| B. Enter new principal office address<br>(Principal office address <u>MUST BE A S</u>  |  |   | <del></del> .  | -             |             |
|  |  |   | - <u>A</u> E   | <b>.</b>      |             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |   |                | SÉP           | ابـ         |
| (Mulling data is MAJ DE A 1 OST  | OFFICE BOX   |   | Sir.           | 19            |             |
|  |  |   |                | _<br><b>≩</b> |             |
| D. If amending the registered agent an new registered agent and/or the ne  | nd/or registered office addres<br>w registered office address: | s in Florida, enter the name of the       | ) RUA          | <b>9:</b> 53  |             |
| Name of New Registered Agent  JACQUELINE CEBALLOS  |  |   |                |               |             |
|  | 7296 SW 40 ST  |   | <del></del>    |               |             |
|  | (Florida strect  | address)                                  |                |               |             |
| New Registered Office Address:   | MIAMI  | Florida 331                               | 155            |               |             |
|  | (Ci  |   | (Zip Code)     |               |             |
|  | (C)  | ity)                                      | (Zip Code)     |               |             |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regis.  |  | h and accept the obligations of the posit | ion            |               |             |
|  | Paquele le   |   |                |               |             |
| (  |  | istered Agent, if changing                |                |               |             |

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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.

| X Change                      | PT           | John Doe               |                 |
|-------------------------------|--------------|------------------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jones             |                 |
| X Add                         | <u>sv</u>    | Sally Smith            |                 |
| Type of Action<br>(Check One) | <u>Title</u> | Name                   | <u>Addres</u> s |
| l) Change                     | PT           | VANESSA CURBELO COSSIO | 7296 SW 40 ST   |
|                               |              |                        | MIAMI FL 33155  |
| Remove                        |              |                        |                 |
| 2) Change                     | PT           | JACQUELINE CEBALLOS    | 7296 SW 40 ST   |
| X Add                         |              |                        | MIAMI FL 33155  |
| Remove                        |              |                        |                 |
| 3 ) Change                    |              | _                      |                 |
|                               |              |                        |                 |
| Remove                        |              |                        |                 |
| 4) Change                     |              |                        | <u> </u>        |
| Add                           |              |                        |                 |
| Remove                        |              |                        |                 |
| 5) Change                     |              |                        | ·               |
| Add                           |              |                        |                 |
| Remove                        |              |                        |                 |
| 6) Change                     | -            |                        |                 |
| Add                           |              |                        |                 |
| Remove                        |              |                        |                 |

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| tach <i>additi</i> | ional sheets, i | <u>Iditional Artic</u><br>f necessary). | (Be specific)     | n <u>cepy nere</u> . |                |                                     |               |
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| _                  |                 |   |                   |                      | annallation of | icewood charge                      |               |
| an ament           | iment provid    | les for an exen<br>nting the ame        | ange, reciassi    | contained in         | the amendme    | <u>issued shares,</u><br>nt itself: |               |
| if not)            | applicable, in  | idicate N/A)                            | name in the state |                      |                |                                     |               |
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|  | 09/01/2018  |                                       |
|--|---|---------------------------------------|
| The date of each amendmen                          | ·, ·  | , if other than the                   |
| date this document was signed                      |   |                                       |
| Effective date if applicable:                      | 09/01/2018  |                                       |
| Effective date if approxime.                       | (no more than 96 days after amendment file date)  |                                       |
|  | this block does not meet the applicable statutory filing requirements, this he Department of State's records.   | date will not be listed as the        |
| Adoption of Amendment(s)                           | (CHECK ONE)   |                                       |
|  | re adopted by the shareholders. The number of votes east for the amendme ere sufficient for approval.   | nt(s)                                 |
|  | re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):              | ement                                 |
|  | s cast for the amendment(s) was/were sufficient for approval  |                                       |
| by   | (voting group)  |                                       |
|  | (voting group)  |                                       |
| ☐ The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder   | older                                 |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholder action and shareholder  |                                       |
| 09/1   | 2/2018  |                                       |
| Dated  |   |                                       |
| <i>'</i>   | Jamesa Cossis   |                                       |
| Signature  |   | <u>-</u>                              |
|  | by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other c |                                       |
|  | ppointed fiduciary by that fiduciary)   | our                                   |
|  | VANESSA CURBELO COSSIO  |                                       |
|  | (Typed or printed name of person signing)   | · · · · · · · · · · · · · · · · · · · |
|  | PRESIDENT   |                                       |
|  | (Title of person signing)   |                                       |