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SECRETARY OF CLASSIAND
SECRETARY OF CLASSIAND
THE COMPANY OF CLASSIAND OF CLASSIAND

C.L. 15

COVER LETTER

TO: Amendment Section Division of Corporations Amagos Nursery Inc NAME OF CORPORATION: P14000082954 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OSE Santomana.
Name of Contact Person Antaps Dursery No 12+4 Aue City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (786) 234-0289.

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Ccrtified Copy Certified Copy (Additional copy is

enclosed)

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation



Artick	es of Incorporation of	15 MAR 20	AH 11: 09
Amagos Worsery	Toc.	13 11111 -	
(Name of Corporation as currently filed with	th the Florida Dept. of State)		
P 140000 329 5	:4		
(Document Number of Corpo	ration (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this <i>Florida Profit Corporati</i>	on adopts the followi	ng amendment(s)
A. If amending name, enter the new name of the corporat	tion:		
nla			The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp." "Incord "chartered," "professional association," or the abbrev	"," or "Co". A professional co	corporated" or the c rporation name must	abbreviation
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	Some:		_
Enter new mailing address, if applicable:			_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	some		-
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office; 		name of the	_
Name of New Registered Agent	N 1A.		
	orida street address)		
New Registered Office Address:	. Flo	rida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	! Agent: uniliar with and accept the oblive	itions of the position	
Timpo			
	NIA		

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 = Presidem; V = Vice Presidem; 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: <u>X</u> Change	<u>PT</u> <u>Joh</u>	<u>1 Doe</u>		
X Remove				
	<u>V</u> <u>Mik</u>	<u>e Jones</u>		
<u>X</u> Add	<u>SV Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	<u>5v</u>	Rafael	E. Santano	aña 1741 NW 12th Aug
Add				Homestead F233030
Remove				
2) Change				
Add				**************************************
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Ađd				
Remove				

	ets, if necessary). (Be s	. 2 -/		
NIA				
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		··		
in amendment pro	vides for an exchange, r	eclassification, or	cancellation of i	ssued shares,
ovisions for imple	menting the amendment	t if not contained	<u>in the amendmer</u>	it itself:
(if not applicable	r, indicate N/A)			
	MA		·	
				

, ·		FILED SECNETARY OF STATE SECNETARY OF STATE	
The date of each amendment(s) adoption: date this document was signed.		15 MAR 20 AM TI: 09	if other than the
Effective date <u>if applicable</u> :	03 16 15 (no more than 90 days af		
Adoption of Amendment(s) (CH	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number approval.	of votes cast for the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting group entitled to vote sepa	ig groups. The following statement cately on the amendment(s):	
"The number of votes cast for the amer			
by	(ing group)	.**	
The amendment(s) was/were adopted by the action was not required.	board of directors without s	hareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without share	nolder action and shareholder	
Dated 03 16	15		
	orporator – if in the hands of	ectors or officers have not been a receiver, trustee, or other court	
	Jose M. G	Sartamara ne of person signing)	
	(Title of pers	Tresident	
	(Title of pers		