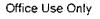
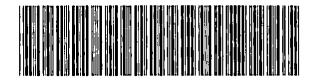
## P14 0000 69383

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

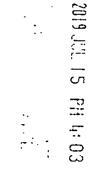




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RECEIVED MAY 28 2019



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JUL 16 2019



July 2, 2019

LORENZO CRISTOBAL 1163 NW 4 AVE HOMESTEAD, FL 33030

SUBJECT: CRISTOBAL NURSERY INC.

Ref. Number: P14000069383

We have received your document for CRISTOBAL NURSERY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

\*\*PLEASE ONLY CHECK ONE BOX.\*\*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 019A00013407



June 12, 2019

LORENZO CRISTOBAL 1163 NW 4 AVE HOMESTEAD, FL 33030

SUBJECT: CRISTOBAL NURSERY INC.

Ref. Number: P14000069383

We have received your document for CRISTOBAL NURSERY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

\*\*PLEASE ONLY CHECK ONE BOX.\*\*Also, page 1(of 4) is missing from the document. Please see the enclosed missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 819A0001177.6

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

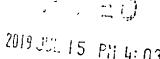
NAME OF CORPORATION: CRITOBAL NURSERY INC DOCUMENT NUMBER: P14000069383 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LORENZO CRISTOBAL Name of Contact Person CRISTOBAL NURSERY INC Firm/ Company 1163 NW 4 AVE Address HOMESTEAD FL 33030 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **RUTH RIVERA** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation



(Dosume)	nt Number of Corporation (if known)	
(1)ocume	R Number of Corporation (it known)	
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment	ent(s)
A. If amending name, enter the new name of the corp	oration:	
	The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "PA"	1 ?
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
	ince audi ess.	
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City) (Zip Code)	

Signature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRES	LORENZO C NICOLAS LORENZO	113 NW 4 AVE
Add X Remove			HOMESTEAD FL 33030
2) Change	PRES	LORENZO CRISTOBAL	113 NW 4 AVE
X Add			HOMESTEAD FL 33030
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

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The date of each amendment		, if other than th
late this document was signed		
Effective date if applicable:	MAY 7, 2019	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements he Department of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	g statement t(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
e amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareh	older
MAY Dated	7, 2019	
Signature	Later Harris Control of the Control	
(I so	By a director, president or other officer – if directors or officers have nelected, by an incorporator – if in the hands of a receiver, trustee, or of ppointed fiduciary by that fiduciary)	
	LORENZO CRISTOBAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u>-</u>