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FEB 13 2015

R. White

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Watch Me Grow Produce and nursery inc DOCUMENT NUMBER: P15000009199 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Arnoldo Cano Name of Contact Person watch me grow produce and nursery inc Firm/ Company 12491 orange ave Address Fort Pierce FI 34945 City/ State and Zip Code watchmegrow1@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772 Area Code & Daytime Telephone Number Arnoldo Cano Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

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watch me grow produce and nurse	ry inc
(Name of Corporation as currently filed with the FI P1500009199	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	Watch Me Grow Produce And Nursery Inc
(Principal office address MUST BE A STREET ADDRESS)	12491 orange ave
	Fort Pierce, FI 34945
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	same as above
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent Arnoldo Cano	
12491 orange	ave
(Florida stre	
New Registered Office Address: Fort Pierce	, Florida 34945
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered Agent:	o

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	Р	Arnoldo Cano	12491 orange ave	
Add			Fort Pierce FL 34945	
Remove				
2) Change	VP	Michael Cano	12491 orange ave	
Add			Fort Pierce FI 34945	
Remove				
3) Change	S	Maria Cano	12491 orange ave	
Add			Fort PierceFl 34945	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
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an amendment provides for an exch rovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
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rovisions for implementing the amer	nange, reclassification, or cancellation of issued sha ndment if not contained in the amendment itself:	res,

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	te shareholders. The number of votes cast for the amendment(s) r approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
ьу	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(v	oting group)	
The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated 02/06/2015		
Signature Amelo	esident or other officer – if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court	
	ry by that fiduciary)	
	Arnoldo Cano	
· ·	(Typed or printed name of person signing)	
_	President	_
- 1	(Title of person signing)	