## P15000035415

(Day and de Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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S. ROBERTS AUG 0 2 2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SATURNO FLOW	/ERS CORP	
DOCUMENT NUMI	P15000035415		* · · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALBA M GIRALDO		
		Name of Contact Person	1
		Firm/ Company	
	1600 SW 78TH AVE. APT	721	
	PLANTATION, FL 33324	Address	
		City/ State and Zip Code	2
	agiraldo.ams@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ALBA M GIRALDO		305 at (	710 9329
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	iriment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed with the Florida Dept. of S	State)
P15000035415		
(Docun	nent Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts	the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
OSSIMO FLOWERS USA CORP.		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corporation name	e abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
		<del></del>
	<del></del>	اها
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	n
		<u>,</u>
		·
D. If amending the registered agent and/or register new registered agent and/or the new registered		the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Flor	rida(Zıp Code)
	·	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ha nasitian
ricery accept the approximent as registered agent.	Tum jumitus Sine and accept the ornigations by the	ac position.
-		<del></del>
Signa	ature of New Registered 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)

Example:

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	<u>PT</u>	John Doc		
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>Address</u>	
1) Change		_	 	
Add				
Remove				
2) Change		<del></del>	 	
Add			1.2.2	
Remove 3) Change				
Add				
Remove				
4) Change			 	
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Remove				
5) Change			 	İ
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Remove				
6) Change			 	
Add				!
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	additional Articles, s, if necessary). (Be	Specific)			
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<u>in amendment prov</u> covisions for implen	ides for an exchange	<u>, reclassification</u>	, or cancellation of ed in the amendm	issued shares,	
(if not applicable,	ides for an exchange nenting the amendmo indicate N/A)	Contract Contract	ea in the amenan	CHI HSCH.	
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The date of each amendment(s) :	MAY 01/2023	if other than the
date this document was signed.	шорнон.	, if other man the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file datc)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this cepartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
MAY 01/2 Dated		
Signature	Wha al-Frales.	
select	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	ALBA M GIRALDO	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	