## P150000 89301

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BENITO'S NURSERY INC DOCUMENT NUMBER: P15000089301 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BENITO HERNANDEZ** Name of Contact Person BENITO'S NURSERY INC Firm/ Company 19780 SW 177TH AVE #120 Address MIAMI, FL 33187 City/ State and Zip Code PATTYSACCTAX@LIVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BENITO HERNANDEZ at ( 786 ) 554-8529

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:

Mailing Address

\$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

☐\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently fi	ed with the Florida Dept. of State)
P15000089301	, and the state of
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> is Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "com 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr 'chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	01.00 01.00
- -	
. Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	- · ·
	=======================================
<u>-</u>	
- D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	The first the name of the
Name of New Registered Agent	
(Florida street o	uddress)
New Registered Office Address:	Florida
Cig	v) (Zip Code)
Company to the second America Company of the second of the	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regis	tered 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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	CRISTIAN PADILLA-RODRIGUES	17605 SW 162 AVENUE
Add			MIAMI, FL 33187
X Remove			
2) Change			
Add			
Remove 3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>addition</i>	adding additional Articles, enter change(s il sheets, if necessary). (Be specific)	<u></u> ,	
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provisions for	nt provides for an exchange, reclassification implementing the amendment of not contains.	ained in the amendment itself:	res,
(if not app	icable, indicate N/A)		
· · ·	· - · · · · · · · · · · · · · · · · · ·		
		_	

	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholds	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend a sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Datedl	0/15/2020 BENITOH	
Signature	SENITOIT	
(By sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe ointed fiduciary by that fiduciary)	been r court
	BENITO HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	