

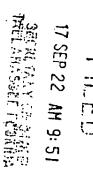
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: B&B AGRICULT	URE & NURSERY CO	RP		
DOCUMENT NUMBER: P15000092372					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	GEOVANNY BALMASEDA	١			
		Name of Contact Per	son		
	B&B AGRICULTURE & NU	JRSERY CORP			
		Firm/ Company			
	12690 SW 43 ST				
		Address			
	MIAMI, FL 33175				
		City/ State and Zip C	ode		
balma	aseda76@yahoo.com				
	E-mail address: (to be us	sed for future annual rene	ort notification)		
			,		
For further information	n concerning this matter, pleas	se call:			
GEOVANNY BALM	ASEDA	786 at (449-6791		
Name	of Contact Person	Area	Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida De	epartment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	: □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amo Divi	et Address endment Section sion of Corporations on Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

SECULARIZATION SAGERATES AND A CONTROL OF THE CONTR

17 SEP 22 AH 9: 51

B&B AGRICULTURE & NURSERY CORP

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000092372	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	prporation:
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)
· · · · ·	
	-
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
- I was to be a second of the	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sian	nature 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: XChange	<u>PT</u>	John D	<u>qe</u>		
X Remove	<u>y</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) Change	VP		SILVIA ELENA RAMIREZ	12690 SW 43 ST	
Add				MIAMI, FL 33175	
X Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issu	
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f un amendment provides for an exchange reclusification or concellation of iss	
	ied shares
provisions for implementing the amendment if not contained in the amendment i	tself:
(if not applicable, indicate N/A)	
	
	
	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	ient
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
by	<i>,</i> •	
-,	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
09/16/2017 Dated		
selected	rector, president or other officer – if directors or officers have not beer, by an incorporator – if in the hands of a receiver, trustee, or other cord fiduciary by that fiduciary)	art
,	GEOVANNY BALMASEDA	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	