P16000012517

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	<u></u>
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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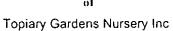


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Topiary Gardens	Nursery Inc	
DOCUMENT NUMB	P16000012517		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Jose Perez	
-		Name of Contact Person	n
-		Firm/ Company	
12590 SW 218 ST			
-	Address		
	Miami, FL 33170		
-	City/ State and Zip Code		
	jo	oseperez1163@yahoo.co	om
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, please e Perez	786	255 - 3580
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation οf





(Name of Corporation as currently filed with the Florida Dept. of State)

P16000012517

umant Number of Corneration (if known)

nt(s) to

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent N/A (Florida street address)	As a remember of the ment of t	ame of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A	N/A			The new
B. Enter new principal office address MUST BE A STREET ADDRESS (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent N/A	"Corp.," "Inc.," or Co.," or the design	nation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
(Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent			N/A	
(Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent				
new registered agent and/or the new registered office address: N/A Name of New Registered Agent			N/A	
new registered agent and/or the new registered office address: N/A Name of New Registered Agent				
Name of New Registered Agent				
(Florida street address)				e name of the
	new registered agent and/or the ne	w registered office addre		e name of the
N/A New Revistered Office Address: , Florida	new registered agent and/or the ne	w registered office addre	<u>:85:</u>	e name of the
(City) (Inp Code)	new registered agent and/or the ne	w registered office addre	<u>:85:</u>	
	new registered agent and/or the ne	w registered office addre	street address)	, Florida

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	<u>PT</u>	John Doc	
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	Р	Anilec Consuegra	12590 SW 218 ST
Add			Homestead, FL 33170
X Remove			<u> </u>
2) Change	Р	Jose Perez	12590 SW 218 ST
X Add			Homestead, FL 33170
Remove	.,	Alain de De	40500 CW 240 CT
3) Change		Alejandro Perez — ———————————————————————————————————	12590 SW 218 ST
X Add			Homestead, FL 33170
Remove			
4) Change	N/A		
Add			
Remove			
5) Change	N/A		
Add			
Remove			 _
6) Change	N/A		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	·
	,
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itself.	shares, f:
(if not applicable, indicate N/A)	
N/A	

The date of each amendmen date this document was signed		, if other than the
_	N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
· •	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	ı
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/09 Dated	9/2018	
Dated	<i>n</i>	
Signature _	2.126.	
8	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Jose Perez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	