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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 <i>Articles o</i>	of Amendment and fee are su	bmitted for fili	ng.		
Please return all corres	pondence concerning this ma	tter to the follo	wing:		
		Jose Per	ez		
-		Name of Co	ontact Person	1	
-	.	Firm/ C	Company		
	18950 SW 256th Street				
	Address				
_		Homestead			
		City/ State a	ind Zip Code	e	
	joseper	ez1163@yah	oo.com	\checkmark	
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information	concerning this matter, please	se call:			
JOSE PEREZ		at (786	255-3580	
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the I	Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified C (Additiona enclosed)	Гору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Topiary Gardens Nursery Inc

(Name)	of Corporation as curren	tly filed with the Florida Dept. of St	ate)	
	P1600001	12517		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	ne following amendment	t(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desigr word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation n		
B. Enter new principal office address.	3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		Homestead, FL 33031	3. S	
				ŋ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18950 SW 256th Street	O PM	in in
		Homestead, FL 33031	7.7	— ,
			Special Control	
D. If amending the registered agent ar new registered agent and/or the ne			<u>he</u>	
Name of New Registered Agent	 			
	18950 SW 256th Stree	et Miami		
		street address)		
New Registered Office Address:	MIAMI	, Florio		
		(City)	(Zip Code)	
New Registered Agent's Signature, if c hereby accept the appointment as regist			[,] position.	
	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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
X Change	P	Jose Perez		18950 SW 256th St.
Add				Homestead, FL 33031
Remove				
2) X Change	V	Alejandro P	'erez	18950 SW 256th St.
Add		·		Homestead, FL 33031
Remove				
3) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		_		
Add				
Remove				
') Change				
Add				
Remove				
				- · · · · · · · · · · · · · · · · · · ·
Change				
Add				
Remove				

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

N/A	
	, if other than th
date this document was signed.	
N/A Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	;r
action was not required.	
08/27/2018	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	1
Jose Perez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	