P160000H6201

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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: R. R. H. H. Flowers Corporation: P16000046201
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mancon REYES P.A. Name of Contact Person
Firm/ Company
5035 PALM AVE
HIALEAL, FL. 33012
City/ State and Zip Code
E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 822-0669 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$252.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

To Market State of the State of

Articles of Amendment to Articles of Incorporation

1	Articles of Incorporation		
D D II N	of the second		
K.K. H.H.	FLOWERS C	ORP	رقبور
· · · · · · · · · · · · · · · · · · ·	ion as currently filed with the	Florida Dept. of State)	
PIG	000046201		
(Docum	nent Number of Corporation (if	`known)	
tursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit C	Corporation adopts the following	ng amendment(s) t
R. R. H. H. Dist	orporation: RIBUTORS CO	RP	The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	," "Inc," or "Co". A profess		
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			

If amonding the registered agent and/or registered	and office address in Florida	antag the name of the	
 If amending the registered agent and/or register new registered agent and/or the new registered 		enter the name of the	
Name of New Registered Agent	i		
· · · · · · · · · · · · · · · · · · ·	(Florida street address)		
A(B1		D1. 14.	
New Registered Office Address:	(City)	, Florida (Zip	Code)
	• •	•	-
•			
lew Registered Agent's Signature, if changing Reg	gistered Agent:		•
hereby accept the appointment as registered agent.	I am familiar with and accept	the obligations of the 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 Do	<u>e</u>					
X Remove	<u>v</u>	Mike Jo	nes					
X Add	<u>sv</u>	Sally Sr	<u>nith</u>					
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s	
1)Change		.						
Add								
Remove								
2) Change								
Add								
Remove				:				
3) Change		_	į.					
Add			;					
Remove								
4) Change								
Add								
Remove	•							
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ran amenument provisions for in	t provides for an exc mplementing the am	nange, rectassification	<u>ition, or cancellatio</u> itained in the amer	on of issued shares, idment itself:	
(if not anal)	cable, indicate N/A)				
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>	07/22/2016	
	(no more than n days after amendment fi	le date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suffers.	oted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amount	ollowing statement endment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	,
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and	1 shareholder
Dated	7/22/16	
selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	RAFAEL HERVANDE	£2
,	(Typed or printed name of person signing)	
-	(Title of person signing)	