## P16000000011

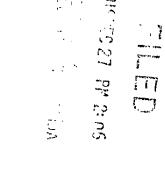
(Re	equestor's Name)			
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Amend

DEC 2 9 2016
I ALBRITTON



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GULF COAST BOTANICALS, INC							
DOCUMENT NUMBER: P16000066011							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
EDWARD B. COHEN	N, ESQUIRE						
<del> </del>	Name of Contact Person						
COHEN KOTLER, PA	COHEN KOTLER, PA						
<del></del>	Firm/ Company						
54 SW BOCA RATO	N BOULEVARD						
	Address						
BOCA RATON, FL 33432							
	City/ State and Zip Code						
TOM@TJMURPHY.COM							
	o be used for future annual report notification)						
	······································						
For further information concerning this matter, please call:							
EDWARD B. COHEN, ESQUIRE	at (561 ) 361-9600						
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 \$43.75 Filing Fe Certificate of St							
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

## Articles of Amendment to Articles of Incorporation of

to

GULF COAST BOTANICALS, INC

(Name of Corporation as c	currently filed with the Florida Dept. of State)
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
	The new reporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	.)
	7267 (2)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
WALLE DE LA TROP DO LA TROP BOLL	ים -
D. If amending the registered agent and/or registered office and/or the new registered agent and/or the new registered office a	
Name of New Registered Agent	
(File	orida street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: uniliar with and accept the obligations of the position.
Signature o	f 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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			<u> </u>
Remove		•	- Albania de la compansa de la comp
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			***************************************
Remove			
6)Change			
Add		•	
Remove			

Att	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
ne number of shares the Corporation is authorized to issue is increased to 1,000,000 shares at a par value of \$1.00.	
	•
f a	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	6

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	9)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	1s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and share	holder
	ет 14, 2016	
Dated		
Signature		
(By a selec	a director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	not been other court
	Thomas J. Murphy	
	(Typed or printed name of person signing)	
	President/Shareholder TRESIDENT	
	(Title of person signing)	