P1700005134

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUNFLOWERS S	STORE, INC.	
DOCUMENT NUMB			
	of Amendment and fee are so	bmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	JENNIFER MONTESINO		
-		Name of Contact Perso	n
	SUNFLOWERS STORE, IN	°C.	
-		Firm/ Company	
	719 EAST 9 STREET A		
-		Address	,
	HIALEAH, FLORIDA 3301	U	
-		City/ State and Zip Cod	e
JENN	IFERMONTESINO@YAHO	OO.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JENNIFER MONTES	INO	786	451-9271
JENNIFER MONTESINO at (786) 451-9271 Name of Contact Person Area Code & Daytime Telephone 1		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNFLOWERS STORE, INC.

(<u>Name of</u>	Corporation as currently	filed with the Florida Dept. of State)		
P17000005134				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this I	Torida Profit Corporation adopts the fo	llowing amendme	:nt(s) t
A. If amending name, enter the new name	ne of the corporation:			
N/A			The new	,
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp." "Inc." or "C	lo". A professional corporation name	the abbreviation	ı
, ,		N/A		
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>)				
C. Enter new mailing address, if applications	able:	N/A		
(Mailing address <u>MAY BE A POST O</u>		INIM	<u></u>	
			() (
If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the name of the	(7)	• • •
•	N/A		fr' (7)	,
Name of New Registered Agent			<u> </u>	
-	(Florida stre	et address)	<u> </u>	
		·		
New Registered Office Address: _		, Florida <i>City)</i>	(Zip Code)	
		•	•	
New Registered Agent's Signature, if chall hereby accept the appointment as register		ith and accept the obligations of the pas	ition	
r nevery accept the appointment as register	rea agent 1 am jamutar w	un una accept the obligations of the pos	ition,	
	Signature of New Re	gistered 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)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	p	EVELIN AMARO	719 EAST 9 STREET A
XX Add			HIALEAH, FL 33010
Remove			
2) XX Change	VP	JENNIFER MONTESINO	719 EAST 9 STREET A
Add			HIALEAH, FL 33010
Remove			
3) Change			
Adđ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
FEI/EIN Number 81-5464921	
	<u>. </u>
	
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)	
RECLASSIFICATION OF SHARES	
60% SHARES TO EVELIN AMARO, PRESIDENT & 40% SHARES TO JENNIFER MONTESINO, VICE-PRES	IDENT

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/34/2015	
Effective date <u>if applicable</u> :	/26/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	;)
	oproved by the shareholders through voting groups. The following statement are each voting group entitled to vote separately on the amendment(s):	rnt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	था । ज
action was not required. Dated Signature (By a select	director-president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary) EVELIN AMARO	·:
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	—· -