P17000052792

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O SIMMONS JAN 24 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEST NURSERY	INC.	
DOCUMENT NUM	P17000052702		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	DENNIS C ANDERSON		
		Name of Contact Person	1
	BEST NURSERY INC.		
		Firm/ Company	
	5200 SW 58 AVE		
	- · · · · · · · · · · · · · · · · · · ·	Address	· -
	DAVIE, FL 33314		
		City/ State and Zip Cod	e
DEN	NISTHEBESTONE@GMAIL	.СОМ	
	_	ed for future annual report	notification)
Englished intoment	un unnaumina thia mattur uluaa	a call.	
roi turmer informație	on concerning this matter, pleas	e can:	
ROBERT MATOS		954 at () 900-4283 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
S35 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)
	iling Address		<u>Address</u>
	iendment Section		ment Section
Division of Corporations P.O. Box 6327			n of Corporations entre of Tallahassee
	lahassee, FL 32314		V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

y filed with the Florida Dept. of State)
-
Corporation (if known)
Florida Profit Corporation adopts the following amendment(s):
arran 1 raju Corporation adopts the following amendment(s)
The new
company," or "incorporated" or the abbreviation "Corp" [professional corporation name must contain the word= Tri 20
PDEC 2
3 H 6: 0
ess in Florida, enter the name of the
et address)
Florida
City) (Zip Code)
(City) (Zip Code) with and accept the obligations of the position.

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.

Mike Jones, V as Remove, Example: X Change	and Sal			
_		John Doe		
X Remove	Y	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	TRES	DANIEL J HUSBAND	5200 SW 58 AVE	
Add			DAVIE, FL 33314	
X Remove				
2) Change			- · · · · · · · · · · · · · · · · · · ·	
Add			S &	
Remove Change			ZOI9 DEC	*4.
Add			<u> </u>	Mercal Partie
Remove			SET	7
4) Change		-	32 <u>6</u>	J
Add			# N	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. If amending or addin (Attach additional shee	g addition	onal Articles, enter change(s) here: essary). (Be specific)		

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	23 PA	ارسوم ا
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	PM 6: 02 (FSDATE SSEE, FL	111
provisions for implementing the amendment if not contained in the amendment itself:		U
(if not applicable, indicate N/A)	0.	
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		<u> </u>
		_
Page 3 of 4		
Page 3 of 4		-
	, if oth	er than the
Page 3 of 4 The date of each amendment(s) adoption: date this document was signed.	, if oth	 er than the
The date of each amendment(s) adoption: date this document was signed.	, if oth	er than the
The date of each amendment(s) adoption:	, if oth	er than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder	
Dated 12/18/20 Signature (By a selection)	DENNIS C ANDERSON To Section 2019 To S	
	PRESIDENT	
	(Title of person signing)	