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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: BARBARA'S BA	SKETS INC				
	UMBER: P17000095639					
	icles of Amendment and fee are st	ubmitted for filing.				
Please return all e	orrespondence concerning this ma	atter to the following:				
	BARBARA NICHOLS					
		Name of Contact Person				
	Firm/ Company					
	18081 SE COUNTRY CLUI	B DR APT 18				
	TEQUESTA, FL 34969	Address				
		City/ State and Zip Cod				
	BOCABARB@YAHOO.CO	DM				
	E-mail address: (to be u	sed for future annual report	notification)			
For further inform	ation concerning this matter, plea	se call: at (268-7400			
Na	me of Contact Person		de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made		·			
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

BARBARA'S BASKETS INC		
(Name of Corporation as curre	ently filed with the Florida De	pt. of State)
P17000095639		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
BARBARA'S FRESH FLORAL AND BASKETS INC.		The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2023 AF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R 10 AM B: 17
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	ddress in Florida, enter the na	ame of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligation	ns of the position.
Signature of New	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	- <u>-</u>		
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

	additional shee	rts, if necessary) (Be spec	cific)	iere:			
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<u> an an</u>	nendment prov ions for implen	<u>ides for an ex</u>	change, reel	assification,	<u>or cancellatior</u>	<u>i of issued sha</u>	res,	
<u>provisi</u>	ions for implen not applicable,	nenting the ar	<u>aendment if</u>	not containe	d in the ameno	<u>dment itself:</u>		
19	пос аррисате,	maicate (v/A)						
	-							
		·- ·-	_					
	<u>-</u>							
	-					 -		

The date of each amendment(s) adde this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
иссите часе <u>и аррисавие</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shateholders. The number of votes cast for the amenda ufficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	temeni
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
3/14/23 Dated		
selecte	lirector, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other sted fiduciary by that fiduciary)	een court
777	BARBARA NICHOLS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	