## P18000032449

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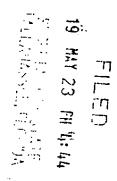
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JUN 1 0 2019 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations	r	<b>)</b> (				
NAME OF CORPORATIO	v: Pentect	Edge Botanic	als, Inc			
DOCUMENT NUMBER: _	P180000	32449				
The enclosed Articles of Ame	ndment and fee are sub	omitted for filing.				
Please return all corresponder	ce concerning this mat	ter to the following:				
	ROBERT	Nosel				
	Perfect	Name of Contact Person  Edie Bohrn Company	1 /			
4801 Linton Blvd, 4 540						
Delray Bach F 33446  City/ State and Zip Code						
	' .	City/ State and Zip Code				
E	oh Olyfeet	ed (chempo).	Com notification)			
For further information conce	rning this matter, pleas	e call:				
Robert Nos	el	at ( 56)	756-72-22			
Name of Cont	act Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	irtment of State:			
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing A			Address			
Amendmer			Iment Section			
	Corporations		Division of Corporations Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Inco	orporation
Penfect Edge Bo	lanicals Inc
(Name of Corporation as currently	y filed with the Florida Dept. of State)
Pig 0000 32	449
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	1946 N.W. S4 + Ave
(Principal office address MUST BE A STREET ADDRESS)	1946 N. N. S4 1h Ave MAX641c, Fl 33063
C. D	<b>99</b> ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
·	23
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>.</u>
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position
Thereby accept the appointment as registered agent. I am jumitar v	and accept the congations of the position.
Signature of New R	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.

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>D</u>	NATE Eachus	10097 Cleary Blid
Add			Suter 330
X Remove			Plantation, F1 33324
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>lf amending or adding</u> Attach <i>additional sheet</i>	additional Articles, if necessary).	les, enter change(s) h (Be specific)	<u>ere</u> :		
		N/n			
	<del></del>	/ <del>-//-/</del>	<del> </del>		
					· · · · · · · · · · · · · · · · · · ·
				·.	
		11-12			
	<del></del>				
lf an amendment prov	ides for an excha	nge, reclassification,	or cancellation of i	ssued shares,	
provisions for implem (if not applicable,	enting the amend	iment if not containe	d in the amendmer	it itself:	
(у пол арупсате,	Marcule 1071)	/			
		IV/A			
		· <del></del>			·
			•		

The date of each amendment(s) ad date this document was signed.	option: MAY	201, 20	19	, if other than the
Effective date if applicable:				
<u></u>	(no more	than 90 days after	amendment file date	2)
Note: If the date inserted in this bl document's effective date on the Dep			ory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE			
☑ The amendment(s) was/were adop by the shareholders was/were suf		rs. The number of	votes east for the an	iendment(s)
☐ The amendment(s) was/were appropriately provided for a				
"The number of votes east i	• •		- ·	
by				
	(voting group)			
☐ The amendment(s) was/were adopaction was not required.	oted by the board of dir	rectors without sha	reholder action and	shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporato	rs without shareho	lder action and share	eholder
DatedS	270)19 Li L			
\ . <del>-</del>	rector, president or other, by an incorporator –			
	d fiduciary by that fidi		receiver, austec, or	Conce Court
	ROBER	T Nose/	son signing)	
	(Typed or p.	rinted name of per	son signing)	
_	CEOI	Diretor		
	,	(Title of person si	gning)	