## P180000 32449

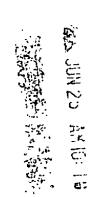
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(DA)/Oldidizip/ Nono n/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100330347101

08/25/19--01015--011 \*\*35.0





## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: PERFECT EDGE BOTANICALS, Inc	) :
DOCUMENT NUMBER: P18000032449	7
The enclosed Articles of Amendment and fee are submitted for filing.	1
Please return all correspondence concerning this matter to the following:	ia.
ROBENT J. Nose/ Name of Contact Person	
Name of Contact Person	
Perfect Edge Botanicals Inc Firm/ Company	
1946 N.W. S4th Ave	
Address	
MARENTE F 33063  City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
\	
ROBENT Nosel  at (56) 756-7222  Area Code & Daytime Telephone Number	
Name of Contact 1 clson	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

Perfect Edge Botanicals In  (Name of Corporation as currently filed with the F  P1800032449  (Document Number of Corporation (in  ursuant to the provisions of section 607.1006, Florida Statutes, this  accorporation:  If amending name, enter the new name of the corporation:	if known)
(Name of Corporation as currently filed with the FP 1800032449  (Document Number of Corporation (incorporation))  ursuant to the provisions of section 607.1006, Florida Statutes, this accorporation:	if known)
(Document Number of Corporation (insuant to the provisions of section 607.1006, Florida Statutes, this corporation:	•
rsuant to the provisions of section 607.1006, Florida Statutes, this corporation:	•
corporation:	s corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
	N
me must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus
. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	<u> </u>
Name of New Registered Agent	<del>V/~</del>
(Florida s	street address)
New Registered Office Address:	, Florida
(City	(Zip Code

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n 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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eacheld. 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 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 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>	<u>Name</u>	<u>Addres</u> s
i) Change	D	Jason Master	100 97 Cleary Blod
Add Remove			Plantation, Fl 33324
2) Change			
Add			<del></del>
Remove			<del> </del>
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

	If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
	(
_	
_	
_	N
_	N
	/🖍
	/N
	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)
	N
	14
_	
_	
_	
_	

The date of each amendment(s) adoption:	_, if other t
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
$\frac{C \in O / Director}{\text{(Title of person signing)}}$	<del></del>