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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
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2019 DEC -2 MIN: 01

C. GOLDEN JAN - 9 2020

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Perfect Edge Botanicals, Inc. **DOCUMEN** The enclosed

MAME OF CORE	- 		
DOCUMENT NUM	1BER: P18000032449		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Robert Nosel		
		Name of Contact Person	1
	Perfect Edge Botanicals, Inc.		
		Firm/ Company	
	1946 NW 54th Ave		
	, ,, _, ,	Address	
	Margate, Fl 33063		
		City/ State and Zip Code	2
Rol	o@Perfectedgehempoil.com		
******	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Robert Nosel		at (<u>954</u>	933-2740
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)

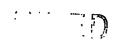
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Perfect Edge Botanicals, Inc.	2018 DEC - 2 AN 11:01
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P18000032449	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The _new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word 1 "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address:	, Florida
Ten registred office rearrants.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent:
i nereoy accept the appointment as registered agent. I am je	итим жин ини иссерь те обидиноть ој те розикот.
Signature o	f New Registered Agent, if changing

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and Idress of each Officer and/or Director being added:

(ttach additional sheets, if necessary)

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. resident, 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 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, 4 dike 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)	Title	<u>Name</u>	Address
1) Change	D	Jason Master	10097 Cleary Blvd. Suite #330
X Add			Plantation, Fl 33324
Remove			
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or adding</u> (Attach additional she	ng additi ets, if ned	onal Articles, enter change(s) here: cessary). (Be specific)	

		
		
		
		
	<u> </u>	
provisions for implementing the amend (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		
		
		
		
		·
	Page 3 of 4	
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:		

•

ote: If the date inserted in this block do current's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
doption of Amendment(s)	(CHECK ONE)

	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval
by	··
	(voting group)
action was no	
The amendme action was no	ent(s) was/were adopted by the incorporators without shareholder action and shareholder trequired.
	DatedNovember 25, 2019
	Signature Robert Q. Nosel
	(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)
	Robert Nosel
	(Typed or printed name of person signing)

CEO

(Title of person signing)