## P18000060638

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FIVE GUYS NUR	SERY INC.			
DOCUMENT NUM	P18000060638				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	RAFAEL RAMIREZ				
		Name of Contact Persor	1		
	FIVE GUYS NURSERY INC				
		Firm/ Company	·		
	13390 SW 200TH ST				
		Address			
	MIAMI, FLORIDA 33177				
		City/ State and Zip Code	e		
For further information	on concerning this matter, pleas	786	259-5463		
Name	of Contact Person	at ( Area Co	) de & Daytime Telephone Number		
	or the following amount made		,		
\$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			Address Iment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



FIVE GUY'S NURSERY INC.

(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000060638		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:	
		The new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation Corn The Cor	tion." "company," or "incorporated" or the abbreviation
B. Enter new principal office address	, if applicable:	NA
(Principal office address MUST BE A.S.	STREET ADDRESS )	NA
		NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA
		NA
		NA
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	NA	<del>_</del>
	NA	
	(Florida s	treet address)
New Registered Office Address:	NA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Davistanad A	
hereby accept the appointment as regist	ered agent - Lam familiar	u: with and accept the obligations of the position.
	last 7. V	
<u> </u>	Signature of New	Registered Agent, of 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

Example: X Change	<u>PT</u>	John Don	
		John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) X Change	SEC	IVAN E. RAMIREZ	SAME
Add			
Remove			
2) Change			
Add			<del></del>
Remove			
3.) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Ry specific)
NA	The specifics
(if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares,  dment if not contained in the amendment itself:  D PERCENT OWNERSHIP, 50% TO RAFAEL F. RAMIREZ
AND 50% TO BLANCA R. MARTINELLI	· · · · · · · · · · · · · · · · · · ·
4-45	

	AUGUST 14, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	UGUST 14, 2018	
znective date <u>ii applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 40 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
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 cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
*	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
- 08/14/20	018	
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court	_
арро	inted fiduciary by that fiduciary)	
	RAFAEL F. RAMIREZ	
	(Typed or printed name of person signing)	<del></del> _
	PRESIDENT	
	(Title of person signing)	