P190000 10089

(Requ	estor's Name)	
(Addre	:55)	
(Addre	:SS)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Доси	ment Number	<u> </u>
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: The Botanist Inc.		
DOCUMENT NUM	1BER: P19000010089		
	es of Amendment and fee are su	abmitted for filing.	
Please return all cor-	respondence concerning this ma	tter to the following:	
	Netanel Levy		
		Name of Contact Person	1
		Firm/ Company	
	18851 NE 29th Ave, Suite 10	000	
		Address	
	Aventura, FL 33180		
		City/ State and Zip Cod	c
net	anellevy@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Netanel Levy		at (_ ⁷⁸⁶	de & Daytime Telephone Number
Nam	e of Contact Person	Area Code & Daytime Telephone Num	
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)
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Botanist Inc.			
(Name of Corporat	tion as currently filed with the Flo	orida Dept. of State)	
P19000010089			
(Docu	ment Number of Corporation (if kn	own)	- · · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corp	poration adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
Ellion Botanica Co.			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profession		abbreviation
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)		
			<u> </u>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)		
		- -	زع
	-		
			
D. If amending the registered agent and/or registe	ored office address in Florida, ent	er the name of the	1.
new registered agent and/or the new registered		er the name of the	U
Norman CN and Barrier and Comme			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zi _j	p Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		phligations of the position	•
r nevery accept the appointment as registered agent.	i um jumitat with and accept the	oonganons of the position	i.
Sign	mature of New 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add	-		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
	 		
			
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f an amendment provides for an exch	ange, reclassification, or	cancellation of issued sha	res.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:	
(ij noi appacame, maicale ma)			
			
			
······································			

	09/10/2019	
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
0	9/10/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days tipler amenament file date)	
Note: If the date inserted in thi document's effective date on the	is 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)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/10/20 Dated	019	
Signature		
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Netanel Levy	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	