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(Requestor's Name)			
(Address)	200349706062		
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	08/11/2001022002 **35.00		
(Document Number)			
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RICO BROTHERS	S NURSERY TRANSPOR	T INC		
DOCUMENT NUM	BER: P20000024648				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	ISMAEL A HUMARAN				
	Name of Contact Person				
		Firm/ Company			
		Address			
	11320 NW 112 CT MEDLEY, FL 33178				
		City/ State and Zip Cod	e		
	ismacth@mciexpress.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	n concerning this matter, plea	se cull:			
ISMAEL A HUMARAN		305	525-7521		
Name of Contact Person		at ( 305 ) 525-7521 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

RICO BROTHERS NURSERY TRANSPORT INC.

(Name of Corporation a	s currently filed with the Florida Dept. of State)
P20000024648	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	ration," "company," or "incorporated" or the abbreviation "Corp.,"  "Co", A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.)	11320 NW 112 CT MEDLEY, FL 33178 SS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11320 NW 112 CT MEDLEY, FL 33178 20 10 10 10 10 10 10 10 10 10 10 10 10 10
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
ISMAFL A HU	<del></del>
Name of New Registered Agent 11320 NW 112 0	CT
<del></del>	(Florida street address)
New Registered Office Address: MEDLEY, FL	, Florida 33178
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer director title by the first letter of the office title:

P = President;  $\hat{V} = V$ ice President;  $\hat{T} = T$ reasurer;  $S \in S$ ecretary;  $D \in D$ irector; TR = Trustee;  $C \in C$  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	PT	John Doc	
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
1) Change	Р	RENAN RICO	12470 SW 184 ST
Add			MIAMI, FL 33177
X Remove			
2) Change	VP	MAIRELIS RICO	12470 SW 184 ST
Add			MIAMI, FL 33177
X Remove Change	P	ISMAEL A HUMARAN	11320 NW 112 CT
XAdd			MEDLEY, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
რ) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
<u>N/A</u>	
<del></del>	
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/A	
	-
<del></del>	

08/07/2020	ie alsonations
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required	and shareholder
■ 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)	
OS/00 2020  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)	
RENAN RICO	
(Typed or printed name of person signing)	
President Henan Jul	
(Title of person signing)	