P20000025387

(Rec	questor's Name)	
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(City	//State/Zip/Phone	e #)
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C/9/19/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BAMBI'S NURSE	ERY INC	
DOCUMENT NUM	BER: P20000025387	. <u>.</u>	<u></u>
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	EILEEN ISLAS BADILLO		
		Name of Contact Person	n
	BAMBI'S NURSERY INC		
		Firm/ Company	
	2085 HARRT ROAD	init company	
		Address	
	SEBRING FL 33870		
		City/ State and Zip Cod	e
	info.bambisnursery@gmail.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plead	se call: 863	873-8262
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	illing Address		Address Iment Section
	rision of Corporations	Division of Corporations	
). Box 6327		entre of Tallahassee
Tallahassee, FL 32314		2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

		2023 AUG 28 EMILLA
(<u>Name</u>	of Corporation as curren	itly filed with the Florida Dept. of State)
P20000025387		
**************************************	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		N/A
		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		N/A
		N/A
D. If amending the registered agent an new registered agent and/or the new		
	w registered office addre	
new registered agent and/or the new	w registered office addre N/A N/A	
new registered agent and/or the new	w registered office addre N/A N/A	55:

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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	P	JORGE RENDON MARQUEZ	1000 EMMANUEL WAY
1) Change X Add			AVON PARK FL 33825
Remove 2) X Change	VP	EILEEN ISLAS BADILLO	1000 EMMANUEL WAY
2) Change Add			AVON PARK FL 33825
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific)			
AM ADDING JORGE RENDON MARQUEZ TO THE	ARTICLES		
			
			<u> </u>
		-	
 -			
			
			
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	 	<u> </u>	
			 .
		<u> </u>	
			<u> </u>
If an amendment provides for an exchange, reclassif	ication, or cancellati	ion of issued shares,	
provisions for implementing the amendment if not (if not applicable, indicate N/A)	contained in the ame	enument itsen:	
1			
			
			
		_ _	
		 .	
	 -		

. . .

	JUNE 28 2023
The date of each amendment(s) ac	
date this document was signed.	
• N/A Effective date if applicable:	
<u>pp</u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
• • • • • • • • • • • • • • • • • • • •	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east:	or the amendment(s) was/were sufficient for approval
by EILEEN ISLAS BADI	JLO
	(voting group)
08/24/2023	
Dated	ileu Mi
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	EILEEN ISLAS BADILLO
-	(Typed or printed name of person signing)
	/P
-	(Title of person signing)