P200000 29799

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2020

JOEW TACHER 6430 NW 105 PL DORAL, FL 33178

SUBJECT: ROSES ON GEM INC Ref. Number: P20000029799

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WHEN SUBMITTING AN AMENDMENT DOCUMENT TO BE FILED WITH THE SECRETARY OF STATE, YOU MUST SUBMIT THE COVERSHEET AND ALL 4 PAGES OF THE DOCUMENT. PLEASE COMPLETE THE LAST 3 PAGES OF THE DOCUMENT.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 420A00011197

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: Roses On Ben Inc. DOCUMENT NUMBER: P20000029799 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jose Tacher Name of Contact Person |
| DOVAL FL 33178 City/ State and Zip Code Stacker 123 @ gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Jose Tacher |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$652.50 Filing Fee Certificate of Status (Additional Copy is enclosed) |
| Mailing Address Amendment Section Street Address Amendment Section |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles of Incorporation

| (Name of Corporation as curren | tly filed with the Florida | Dept. of State) | |
|--|---------------------------------|--------------------------------|------------------|
| | <u>CZ9799</u> | , | |
| | of Corporation (if known) | | |
| Programme to the provisions of so visa 607 1006. Placific Contract the | Hamil D. C.C. | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | 8 ғ юғша ғ ғоји Согро ға | <i>ion</i> adopts the followin | g amenament(s |
| A. If amending name, enter the new name of the corporation: | | | |
| Daca On Gem | | | |
| name must be distinguishable and contain the word "corporation," | +nc. | urad" an tha which will st | _The new |
| "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered." "professional association," or the abbreviation "P.A. | A professional corporat | ion name must contail | n the word |
| B. Enter new principal office address, if applicable: | NA. | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | |
| | | | - 1020 - 1020 |
| | | | <u>-</u> : |
| C. Enter new mailing address, if applicable: | 1.0 | • | 2 N |
| (Mailing address MAY BE A POST OFFICE BOX) | NA. | | 22 |
| | | | 7 - |
| | - | | بب |
| | | | |
| If amending the registered agent and/or registered office addinew registered agent and/or the new registered office addres | | e name of the | |
| Name of New Registered Agent | | | |
| | | | |
| (Florida st | reet address) | - | |
| New Registered Office Address: | | . Florida | |
| the regime to office rade cas. | (City) | Prortua /Zip C | Tode) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar | ti | artinus afrika anasistan | |
| nor ony noccept the appointment as regimered agent. I am januara | win and accept the onligi | ations of one position | |
| | | | |
| | | | |
| | legistered Agent, if chang | | |

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: 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.

| 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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | _ | |
| Add | | | |
| Remove | | | |
| 2) Change | | | <u> </u> |
| Add | | | |
| Remove 3) Change | | | _ |
| Add | | | |
| Remove | | | |
| 4) Change | | | _ |
| Add | | | |
| Remove | | | |
| 5) Change | | | ···- |
| Add | | | ************************************** |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Att | ach <i>additional</i> | dding additiona sheets, if necesso | irv). (Be | e specific) | | | | | | |
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| . <u>II a</u> | n amendment | provides for an plementing the | exchange | e, reclassific | ation, or car | <u>icellation o</u> be emende | I issued sha | ires, | | |
| 124 | (if not applied | able, indicate N/ | 4) | em m not co | intamed in t | ne amengn | için uscu. | | | |
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| May 20/200 |
|--|
| The date of each amendment(s) adoption: Phy 10/2020 if other than the date this document was signed. |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| ☐ 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) |
| Dated Jove 16 /2020 Signature fc. ct. |
| (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) |
| Typed or printed name of person signing) Preside ii |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |