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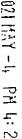
J. FASON JUN 18 2021



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: G&S PRODUITS I	JAKAY INC	
DOCUMENT NUMBER: P20000046635		
The enclosed Articles of Amendment and fee are sub	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
M GUERNOUTE BENOIT I	LUCIEN	
	Name of Contact Person	
G& S PRODUITS LAKAY		
	Firm/ Company	
739 ROYAL LAKE CIRCLE	K 107	
	Address	
ORLANDO FL 32818		
	City/ State and Zip Code	
MGUERNOUTE99@GMAII	COM	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
SIMPSON BENOIT	at (7475859
Name of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, F1: 32303

Articles of Amendment to Articles of Incorporation of

Ю

G&S PRODUITS LAKAY INC.

ORS PRODUITS LARAT INC		
(Name of Corporation as	s currently filed with the Florida Dept.	of State)
P20000046635		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	tutes, this <i>Florida Profit Corporation</i> ado	pts the following amendment(
A. If amending name, enter the new name of the corpo	ration:	•
G & S VARIETY SHOP BOTANICA INC		· The new
name must be distinguishable and contain the word "corpo- "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation nar	r the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE.	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	202
	·	— 14 237 ft
		
	<u></u>	
D. If amending the registered agent and/or registered of		e of the
new registered agent and/or the new registered offic	ee address:	,
Name of New Registered Agent N/A		~~~
	(Florida street address)	
M. Burning and J. (162 and 1.11 January		Florida
New Registered Office Address:	City)	(Zip Code)
	·	
	:	
New Registered Agent's Signature, if changing Register	red Agent:	en e
I hereby accept the appointment as registered agent. I am	i familiar with and accept the onligations	oj ine position.
Signature	of New Registered Agent, if changing	
Check if applicable		
Check it applicable		

 \square 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	\underline{V}	Mike Jones		
_X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	N/A	N/A	
Add				
Remove				
2) Change				
Add				···•-
Remove 3) Change				
Add			-	
Remove			<u>-</u>	
4) Change	*			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	if necessary).	(Be specific)			
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an amendment provider ovisions for implementations.	acting the among	dment if not cor	ntained in the arr	endment itself:	163,
(if not applicable, in	ndicate N/A)	ament ii not coi	tanted in the an	ichometri (takin)	
(5)	,				
					
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	04/27/2021	
The date of each amendment(s) a	doption:	, if other than th
late this document was signed.		
	7/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amend)	lment tile date)
	(no more than 40 days after amena)	ment fue date)
Note: If the date inserted in this bedocument's effective date on the De		ng requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors w	without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cufficient for approval.	east for the amendment(s)
must be separately provided for	proved by the shareholders through voting groups each voting group entitled to vote separately on for the amendment(s) was/were sufficient for approximately.	the amendment(s):
by	BHG	
	Tvoting group)	-0
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Dated U 7	121/0001	œ
/		
Signature	en lesse !	
	rector, president or other officer – if directors or	officers have not been
	d, by an incorporator – if in the hands of a receive	
appoin	ted fiduciary by that fiduciary)	
	Typed or printed name of person sign	TEBENOIT LUCIEN
	MGR	
	(Title of person signing)	
		A