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amend

2022 FEB 21 AM II: 49

A. RAMSEY FEB 24 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: LA ESTRELLA N	URSERY,INC			
DOCUMENT NUMBER:					
The enclosed Articles of Amer	idment and fee are su	bmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the following:			
LUIS M	LUIS MIGUEL GALINDO				
	· · · · · · · ·	Name of Contact Persor	1		
LA EST	LA ESTRELLA NURSERY. INC				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
13412 \$	SW 255 TERRACE	• •			
	··· <u>···</u>	Address			
НОМЕ	STEAD, FL.33032				
		City/ State and Zip Code			
LUISG	ALINDO1977@GMA	AIL.COM			
E-1	mail address: (to be us	sed for future annual report	notification)		
For further information concer	ning this matter, plea		a		
LUIS MIGUEL GALINDO		at (748-9023 de & Daytime Telephone Number		
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:		
	\$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

refrective date 3-1-22 Articles of Amendment

to Articles of Incorporation of

FILED

		2022 FEB 21 AM	
(Name of Corpora	tion as currently filed with th		: 49
		A STALY OF STALL	(· · ·
(Doc	ument Number of Corporation ((if known)	7.
rsuant to the provisions of section 607,1006, Flori Articles of Incorporation:	da Statutes, this <i>Florida Profit</i>	Corporation adopts the following amo	endment(
If amending name, enter the new name of the	corporation:		
			new
ime must be distinguishable and contain the word ' lnc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abl	c," or "Co". A professional		
Enter new principal office address, if applical			
rincipal office address <u>MUST BE A STREET Al</u>	<u>ODRESS</u>)		
			-
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE II	ROX)		
(Maing dutiess MAT DE ATOST OFFICE !	<u></u>		
		·	
. If amending the registered agent and/or regis		a, enter the name of the	
new registered agent and/or the new registere	<u>'d office address:</u>		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(Florida street address) (City)	, Florida(Zip Code)	

Check if 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	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u>v</u>	YADIRA VAZQUEZ	13412 SW 255 TERRACE	
Add			HOMESTEAD	
X Remove			FL,33032	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attacn additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	-
	
lf un amandment provides for un eve	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

.

The date of each amendment(s	i) adoption:	, if other than the
	03/01/2022	
Effective date <u>if applicable</u> : _	(no more than 90 day)	after amendment file date)
Note: If the date inserted in the document's effective date on the		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The num e sufficient for approval.	ber of votes cast for the amendment(s)
	approved by the shareholders through for each voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were suf	ficient for approval
by		
sele	a director, president or other officer – i ected, by an incorporator – if in the hand ointed fiduciary by that fiduciary)	
	LUIS MIGUEL GALINDO	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of person signing)	