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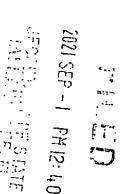
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Certified Copies	Certificates	s of Status
		
Special Instructions to I	Filing Officer:	
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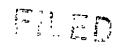
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: \bigcirc	tima One	Really W	unter Garden, Inc
DOCUMENT NUMBER:	Pa 10000 21	931	
The enclosed Articles of Amendment	and fee are submitted fo	or filing.	
Please return all correspondence conce	rning this matter to the	following:	
		Stanler of Contact Person,	· ,
	thma One	rm/ Company	Junter Gorden; Inc
160	E Plant S	Addross	A-77-11
<i>\</i> \	nter Gar	der Fr	34787
	City/ S	tate and Zip Code	
E-mail add	Nee optmoress: (to be used for fut	LOVE G grund report no	nail On
For further information concerning this			
Anne Stanle	\		1765-086 i
Name of Contact Perso)	Area Code	& Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to	the Florida Depart	ment of State:
	e of Status Certif	ied Copy ional copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Ac	
Amendment Section Division of Corporat	ions		ent Section of Corporations
P.O. Box 6327			tre of Tallahassee
Tallahassee, FL 323	22314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



	all Linter Con as currently filed with the Flori	ander follows Fills:
	100002 1931	PERSONAL CORST
	ent Number of Corporation (if know	/n)
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following amendmen
A. If amending name, enter the new name of the cor	rporation:	117
name must be distinguishable and contain the word "cor". "Inc.," or Co" or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrevi	or "Co". A professional corpor	The new orated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
THE MESSIVE CONTRACTOR OF THE PROPERTY OF THE	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ligations of the position.
Signat	ture of New Registered Agent, if cha	inging
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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, 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>	Address
1) Change	<u>S</u>	Patricia Omalley	12151 Woodgien (Clermony FL 3471
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
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		····-	
f an amendment provides for an exch	ange, reclassification, or ca	incellation of issued shar	res,
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in	the amendment itself:	
(y not approxime, marcine inity			
<u> </u>			

The date of each amendment(s) adoption: Quality 27th 2001 , if other that date this document was signed.
Effective date <u>if applicable</u> : (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 will not be listed a locument's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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
(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)
(Title of person signing)