P21000023755

(Keque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Filin	g Officer:	İ
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S. ROBERTS

AUG 1 4 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REDLAND AND	PRODUCE AND FLOWE	RS INC
DOCUMENT NUM	DD - 0000000000000000000000000000000000		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOSE R LINARES		
	JOSE R LINARES	Name of Contact Person	1
		Firm/ Company	
	16755 SW 174 AVE	. ,	
		Address	
	MIAMI FL 33187		
		City/ State and Zip Code	e
	joselinares3639@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		772 9041
		at (305	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

REDLAND AND PRODUCE AND FLOWERS INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	as currently filed with the Florida	Dept. of State)
P21000023755		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
REDLAND PRODUCE AND FLOWERS INC.		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the ahbrevi	or "Co". A professional corporation	ted" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
C. Enter new mailing address, if applicable:		0.22
(Mailing address MAY BE A POST OFFICE BOX		<u> </u>
		2 <u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		<u>:</u>
	nce address:	
Name of New Registered Agent		
	(D)	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(0.9)	(inp code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	tered Agent: am familiar with and accept the obliga	itions of the position.
Signats	ire of New Registered Agent, if changi	no .
Check if annlicable	ne of their registered regent, if changi	"5

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.

X Change	<u>PT</u>	John Doc	
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			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
		
·		
f an amandment provides for an available	annon muslussiffestier an annoullation	a of innered above
provisions for implementing the ame	nange, reclassification, or cancellation and ment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)		

The date of each amenda	nent(s) adoption:	if other than the
date this document was sig	gned.	
Effective date if applicab	le:	
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
★ The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was by the shareholders wa	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
☐ The amendment(s) was must be separately pro	/were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of v	otes cast for the amendment(s) was/were sufficient for approval	
by <u></u>		
	(voting group)	
Dated	06/30/2023	
Signatur		
	(By a frector, 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)	
	JOSE R LINARES	
	(Typed or printed name of person signing)	 ,
	PRESIDENT	
	(Title of person signing)	