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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                              | DRATION: FLOWER CHOIC                       | E INC  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUM                               | MBER: P21000031165                          | ·····  | <del></del>  |  |  |
|  | es of Amendment and fee are su              | bmitted for filing.  |  |  |  |
| Please return all cor                      | respondence concerning this ma              | tter to the following:   |  |  |  |
|  | DISNAIDA TORIBIO                            |  |  |  |  |
|  | <del> </del>                                | Name of Contact Perso  | on   |  |  |
|  | FLOWER CHOICE INC                           |  |  |  |  |
|  |   | Firm/ Company  |  |  |  |
|  | 1057 NORTH 21ST AVENUE                      |  |  |  |  |
|  | Address                                     |  |  |  |  |
|  | HOLLYWOOD, FL 33020                         |  | ·  |  |  |
|  |   | City/ State and Zip Co   | de   |  |  |
|  | info@thetlowerchoice.com                    |  |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual repor                                      | rt notification)   |  |  |
| For forther informat                       | ion concerning this matter, plea            | su call:   |  |  |  |
| roi iuttiei intornat                       | ion concerning this matter, prea            | se can.  |  |  |  |
| DISNAIDA TORIBIO                           |   | at (   | ode & Daytime Telephone Number   |  |  |
| Name of Contact Person                     |   | Area C   | ode & Daytime Telephone Number   |  |  |
| Enclosed is a check                        | for the following amount made               | payable to the Florida De  | partment of State:   |  |  |
| S35 Fiting Fee                             | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address                            |   |  | t Address  |  |  |
| Amendment Section Division of Corporations |   | Amendment Section Division of Corporations                       |  |  |  |
| P.O. Box 6327                              |   | The Centre of Tallahassee  |  |  |  |
| Tallahassee FL 32314                       |   | 2415 N. Monroe Street, Suite 810                                 |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FLOWER CHOICE INC.

| PLOWER CHOICE INC  |   |  |  |
|--|---|--|--|
| ( <u>Name</u>  | of Corporation as curre                             | ntly filed with the Florida Dept. of Stat  | <u>e</u> )                                       |
| <del> </del>   | (Document Number                                    | r of Corporation (if known)  |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, th                         | is Florida Profit Corporation adopts the   | following amendment(s) t                         |
| A. If amending name, enter the new n   | name of the corporation:                            |  |  |
| N/A  |   |  |  |
| name must be distinguishable and contai<br>"Inc.," or Co.," or the designation "<br>"chartered," "professional association,  | Corp," "Inc," or "Co".                              | "company," or "incorporated" or the ab<br>A professional corporation name mus<br>4." | The new obreviation "Corp.," st contain the word |
| B. Enter new principal office address, if applicable:  |   | N/A  |  |
| (Principal office address MUST BE A S  | STREET ADDRESS )                                    | N/A  |  |
|  |   | N/A  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   | N/A  |  |
|  |   | N/A  |  |
|  |   | N/A  |  |
| D. If amending the registered agent a  | nd/or registered office ac                          | dress in Florida, enter the name of the  |  |
| new registered agent and/or the ne   |   | <u> 288:</u>   |  |
| Name of New Registered Agent   | N/A   |  |  |
|  | N/A   |  |  |
|  | (Florida  | street address)  |  |
| New Registered Office Address:   | N/A   |  |  |
| A TOWN NORTH OF THE PROPERTY O |   | (City)   | (Zip Code)                                       |
| New Registered Agent's Signature, if c<br>hereby accept the appointment as regis   | hanging Registered Age<br>tered agent. I am familia | nt:<br>r with and accept the obligations of the po                                   | osition.   |
|  |   |  | · •  |
|  |   |  | Çp   |
|  | Signature of New                                    | Registered Agent, if changing  |  |

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<br>(Check One) | <u>Title</u>  | <u>Name</u>                | <u>Addres</u> s         |  |
| 1) Change                     | T             | OLIVER HILARIO (TREASURER) | 1057 NORTH 21 ST AVENUE |  |
| Add X Remove                  |               |                            | HOLLYWOOD, FL 33020     |  |
| 2) Change                     | S             | OLIVER HILARIO (SECRETARY) | 1057 NORTH 21 ST AVENUE |  |
| X Add                         |               |                            | HOLLYWOOD, FL 33020     |  |
| Remove Change                 |               |                            |                         |  |
| Add                           |               |                            |                         |  |
| Remove                        |               |                            |                         |  |
| 4) Change                     | <del></del> - |                            |                         |  |
| Add                           |               |                            |                         |  |
| Remove                        |               |                            | <del></del>             |  |
| 5) Change                     |               |                            |                         |  |
| Add                           |               |                            |                         |  |
| Remove                        |               |                            |                         |  |
| 6) Change                     |               |                            |                         |  |
| Add                           |               |                            |                         |  |
| Remove                        |               |                            |                         |  |

| (Attach addition              | adding additional A ral sheets, if necessary                   | ·). (Be specific)        | i <u>ects) nere</u> .                   |   |              |  |
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| provisions for<br>(if not app | nt provides for an eximplementing the articable, indicate N/A) | <u>mendment if not c</u> | cation, or cancell<br>ontained in the a | ation of issued sha<br>mendment itself: | res,         |  |
| A                             | <del></del>  |                          |   | <del></del>                             |              |  |
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| 06/01/2021   |   |
|--|---|
| The date of each amendment(s) adoption:  | , it other than the                         |
| date this document was signed.   |   |
| 06/01/2021<br>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 require document's effective date on the Department of State's records.                                   | ements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |   |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shaction was not required.   | nareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.  | e amendment(s)                              |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol<br>must be separately provided for each voting group entitled to vote separately on the amen             | lowing statement<br>dment(s):               |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |   |
| by   |   |
| (voting group)   |   |
| Dated  |   |
| Signature  (By a director, president or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary) | nave not been<br>c, or other court          |
| DISNAIDA TORIBIO   |   |
| (Typed or printed name of person signing)  |   |
| VICE PRESIDENT   |   |
| (Title of person signing)  |   |