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IALLAHASSEE, FLORIDA

FILED 2022 MAY 26 PM 6: 20

JUL 2 9 2022 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OLMEC NURSER	RY CORP	· -
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RENE ODILON RAMIREZ	MAZARIEGOS	
		Name of Contact Person	1
	OLMEC NURSERY CORP		
		Firm/ Company	<u> </u>
	1256 SW 2ND STREET		
•	· -	Address	
	HOMESTEAD, FL 33030		
•		City/ State and Zip Cod	e
	PATTYSACCTAX@LIVE.0	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RENE ODILON RAM	IIREZ MAZARIEGOS	at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	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 C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation oſ

	Articles of Ar	nendment	Dept. of State)
	to		
	Articles of Inco	orporation	4. 14. 11.
OLMEC NURSERY CORP			16 6 B
(Name o	f Corporation as currently	filed with the Florida	Dept. of State)
22000034627			رن کرا ہے۔ برن کری فی
	(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	006, Florida Statutes, this I	Horida Profit Corporatio	
If amending name, enter the new na	me of the corporation:		
ame must be distinguishable and contain			The new
Inc., " or Co., " or the designation "Control of the designation of th	or the abbreviation "P.A." f applicable: **REET ADDRESS**)	professional corporation	on name must contain the word
. If amending the registered agent an			e name of the
new registered agent and/or the new Name of New Registered Agent	RENE ODILON RAMIRE	•	
Mand of Men Megistered Agent	1256 SW 2ND STREET		
	(Florida stre	ret address)	
New Registered Office Address:	HOMESTEAD	·	, Florida 33030
New Megistered Cyfice Address.		City)	Zip Code)
New Registered Agent's Signature, if chareby accept the appointment as registed			ations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>	<u>John Doe</u>	•			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	<u>P</u>	EVA CARRERA HERNANDEZ	1256 SW 2ND STREET			
Add			HOMESTEAD, FL 33030			
X Remove 2) Change	P	RENE ODILON RAMIREZ MAZAF	1256 SW 2ND STREET			
X Add	<u></u>		HOMESTEAD, FL 33030			
Remove 3) Change						
Add						
Remove			-			
4) Change						
Add						
Remove						
.5) Change						
Add						
Remove						
6) Change		-				
Add						
Remove						

Attach <i>additioni</i>	al sheets, if necessary). (Be specific)				
						-
			_			
					· -	
						•
 -		_				
				 -		
					<u>_</u>	
	_				<u>, </u>	
						
an amendme	nt provides for an ex	tchange, reclassif	ication, or cancell	lation of issued s	hares.	
<u>provisions for </u>	implementing the ar	mendment if not	contained in the a	mendment itself	<u></u> <u>[:</u>	
(if not appl	licable, indicate N/A)					
						
						•
<u></u>						
	-	· · · · · · · · · · · · · · · · · · ·				

•

The date of each amendment(s) date this document was signed.	adoption;	if c	other t	nan the
date this document was signed.				
Effective date if applicable:	(no more than 90 days after amendment file date)	_		
	in our country and super and manery in came,			
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	rill not be	e listec	as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action at	nd shareh	older	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	TALL AF	2022 MAY 26	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	ASS	N 26	F
by		EE.	PH	C
	(voting group)	声の	ž	
MAY 17.	2022	ORID	6: 2	
Dated	=va carrera	D		
Signature Z	Esta En AMORT			
(By a	director, president or other officer – if directors or officers have not been			
select appoi	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)			
	EVA CARRERA HERNANDEZ			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			