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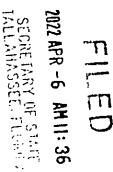
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
J. HORNE		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Botanics Wholesale	e. Inc.	
	BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jack W. Miller		
		Name of Contact Persor	
	Botanics Wholesale, Inc.,		
		Firm/ Company	
	31701 S.W. 194th Avenue		
		Address	
	Homestead, FL 33030		
		City/ State and Zip Code	;
	jjskstuart@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		260 2584
	of Contact Person	at (772	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 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)
An Di ^o P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Ci 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



Botanics Wholesale, Inc.

Check if applicable

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

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)		
P93000088202				8
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the follo	owing am	endment(s) to
A. If amending name, enter the new na	me of the corporation:		The	e new
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbre A professional corporation name must co "	viation "C	lorp.,"
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A		
ir meijur ojjete udarens <u>meest de 11.51</u>	KLLI HOOKLISS)			
				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A		
				 -
D. If amending the registered agent and new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida s	trect address)		
New Registered Office Address:		, Florida, Florida	(Zip Code)	
		·	•	
New Registered Agent's Signature, if ch	anging Registered Agen	ı r ·		
		with and accept the obligations of the posit.	ion.	
		D		
	Signature of New .	Registered Agent, if changing		

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	<u>v</u>	Mike Jones	
	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Landrian, Deborah	30299 SW 163rd Court
Add			Homestead, FL 33033
x Remove			
2) Change	<u>s</u>	Miller, Steven L.	3701 S.W. Boat Ramp Avenue
x Add			Palm City, FL 34990
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ndrian, Secretary is	s replaced by Ste	ven L. Miller			
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provision	endment provides ns for implementi ot applicable, indic	ing the amendm	ent if not contain	, or cancellation led in the amend	of issued shares, ment itself:	
						

•

•

if other than
The date of each amendment(s) adoption: date this document was signed.
Effective date if applicable: (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 as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
by
Dated_4/1/47
Signature (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)
Jack W. Miller
(Typed or printed name of person signing)
President
(Title of person signing)