

P95000002686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

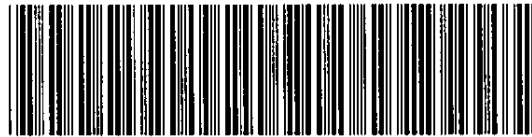
(Business Entity Name)

(Document Number)

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000159057630

*Amend*

08/05/09--01004--007 \*\*35.00

RECEIVED  
09 AUG -5 AM 11:34  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 AUG -5 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AR*  
*8/5/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Artistic Flowers on Canopy Road, Inc.

**DOCUMENT NUMBER:** P95000002686

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Rosier

Name of Contact Person

at ( 850 ) 877-6362

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

of  
Artistic Flowers on Canopy Road Incorporated  
(Name of Corporation as currently filed with the Florida Dept. of State)  
P95000002686  
(Document Number of Corporation (if known))

FILED  
09 AUG -5 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 3

**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)*

| <u>Title</u> | <u>Name</u>          | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| <u>P</u>     | <u>Mindy Salvo</u>   | <u>5607 Longknife Ct</u><br><u>Tallahassee, FL</u><br><u>32317</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>v/p</u>   | <u>Gale Blocker</u>  | <u>5607 Longknife Ct</u><br><u>Tallahassee, FL</u><br><u>32317</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>Y</u>     | <u>Henry Blocker</u> | <u>5607 Longknife Ct</u><br><u>Tallahassee, FL</u><br><u>32317</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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**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)

| <u>Title</u>       | <u>Name</u>                          | <u>Address</u>   | <u>Type of Action</u>  |
|--------------------|--------------------------------------|--|--|
| <u>Pres</u>        | <u>Sandra<sup>Ann</sup> Thompson</u> | <u>1565 Summit Shores</u><br><u>Burnsville, MN 55306</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>Sec. Treas.</u> | <u>Clifford Thompson</u>             | <u>1565 Summit Shores</u><br><u>Burnsville, Mn 55306</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____              | _____                                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____              | _____                                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____              | _____                                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 8-4-09  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8.4.2009

Signature

Sandra Ann Thompson

(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)

Sandra Ann Thompson

(Typed or printed name of person signing)

President

(Title of person signing)