7000083185 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000032481 3)))



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Division of Corporations

Fax Number : (850)617-6380

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Account Name : GENERAL SOLUTIONS INC

Account Number : I20140000086

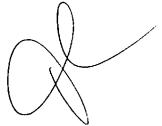
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MARRERO & SON NURSERY, INC.

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Corporate Filing Menu



TO: Amendment Section

4230000324813

COVER LETTER

Division of Corpo	orations				
NAME OF CORPOR	ATION: MARRERO & SO	N NURSERY, INC		_	
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.	-	_	
Please return all corres	pondence concerning this ma	tter to the following:		~	
		YOANDY GUZMAN		2023 JAN 25 AM 8: 05	~ <u> </u>
•	Name of Contact Person				125ء 127ء
	M	ARRERO & SON NURSE	RY, INC	至 。) 574
Finn/ Company					j E
22375 SW 134TH AVE					¥
•		Address		— P. 6	1
	HOMESTEAD, FL 33170				
City/ State and Zip Code					
		katiam31@gmail.com			
•	E-mail address: (to be us	ed for future annual report	notification)	-	
For further information	concerning this matter, pleas	se call:			
YOANDY GUZMAN	•	786	752-2202		
Name o	of Contact Person	Area Co	_) 752-2202 de & Daytime Telephone N	umber	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;		
S35 Filling Fee	□\$43.75 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)		
	ling Address		Address Iment Section		
Amendment Section		.ALITERY	Jee,101i		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

13052551321 = 4/ 7 H2300003248/3

Articles of Amendment

	Articles of Ar	acuament		
	to Articles of Inc	orporation	!	
	of		; 	
M	ARRERO & SON NURSE	RY, INC.		
(Name	of Corporation as currently	filed with the Florida Dept. o	<u>f \$tate</u>)	
	P95000082185			
	(Document Number of	Corporation (if known)	-	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adop	ts the following amendme	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain chartered," "professional association," B. Enter new principal office address, (Principal office address MUST BE A S	Corp," "Inc," or "Co". A or the abbreviation "P.A." If applicable:	ompany," or "incorporated" or professional corporation nam N/A	the abbreviation "Corp.," e must contain the word	1212000
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	SSEE. F. F. S. 05	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			of the	
Name of New Negistered Agent	22785 SW 218TH CT			
	(Florida stre	ret address)		
No. Besterred Office Address.	MIAMI		 33170 lorida	
New Registered Office Address:		(Cliy)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Check if applicable	ered agent. I am familiar w	with and accept the obligations of the obligations	i the position.	
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), F.S.	1	

110E1EE1E21 = E/ 7 H/2000000044810

address of each Office (Attach additional shee Please note the officer: P = President; V = Vic Executive Officer; CFC President, Treasurer, L Changes should be not a change, Mike Jones I Mike Jones, V as Reino	er and/or lets, if necest director time Presider of the Presider of the Presider of the Presider of the Sector we of the Sector than the Sector t	tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR Financial Officer. If an officer/director holds more	= Trustee; C = Ghairman or Clerk; CEO than one title, list the first letter of each off the PST and Mike Jones is listed as the V.	= Chief ice held. There is
Example: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address C. 28	
1) Change	PD	GERRARDO MARRERO	P.O. BOX 971462	" in it
Add			MIAMI, FL 33197 75	
X Remove			22205 SW 21STU CT	O
2) Change	PD	YOANDY GUZMAN	22785 SW 218TH CT-	
X Add			MIAMI, FI 33170	
Remove 3) Change	\$D	NORMA L MARRERO	P.O. BOX 97/1462	
Add			MIAMI, FL 33197	
X Reniove				
4) Change	VP	KATIA MARRERO	22785 SW 218TH CT	
X Add			MIAMI, FL 33197	
Remove				
5) Change				
Add				:
Remove				
6) Change				
Add				
Remove				