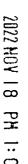
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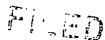


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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TRIAD NURSERY, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JON D BLAKESBERG Name of Contact Person BLAKESBERG & COMPANY CPA'S Firm/ Company 951 SW 4TH AVE Address BOCA RATON FL 33432-5803 City/ State and Zip Code MARIA@BLAKESBERGCPAS.COM E-mail address: (to be used for future annual report potification) For further information concerning this matter, please call: MARIA SMILEY 750-8300 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



TRIAD NURSERY, INC (Name of Corporation as currently filed with the Florida Dept. of State) P96000034209 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DRAGONFLY EF ENTERPRISE, INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 4566 SAINT ANDREWS DRIVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOYNTON BEACH, FL 33432 C. Enter new mailing address, if applicable: 951 SW 4TH AVE (Mailing address MAY BE A POST OFFICE BOX) BOCA RATON FL 33432-5803 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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) (e), F.S.

P = President; V = Vice Executive Officer; CFO = President, Treasurer, Du Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or I , if neces, rector tit, Presiden = Chief F rector wo I in the fo ives the c	Director b sary) le by the fi t; T= Tree inancial C udd be PT dlowing m corporation	cing added: irst letter of the office title isurer: S= Secretary; D= ifficer. If an officer/direct D. anner. Currently John 1) n, Sally Smith is named th	e: Director; TR= Tr for holds more than foe is listed as the 1	rustee; C = Chairman or Clerk; CEO = Chie tone title, list the first letter of each office held PST and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change
Example: X Change	<u> 17. L</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{Y}}$	Mike Jo	nes		
X Add	<u>sv</u>	Sally Su	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	-	_			
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6) Change					
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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

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F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contained to the amendment of the contained to t	ition, or cancellation of issued shares, intained in the amendment itself:	
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11-14-2022	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
•	
Effective date if applicable:	
Ino more than 90 days afte	r dinendment file date)
•	
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, 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 di- action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes east for the amendment(s)
□ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were sufficier	nt for approval
by	<u> </u>
(voting group)	
11-14-2022	
Dated	
	11/2
Signature	1 Constant have not been
selected, by an incorporator – if in the hands of	
	i receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
ELLYN FELDMAN	
(Typed or printed name of pe	rson signing)
PRESIDENT	
(Title of person signing)	