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Of Counsel

*Board Certified Wills, Trusts & Estates

600002244156--6 -07/22/97-01110-005 *****35.00 *****35.00

July 18, 1997

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: 62497 Corp.

Our File No. 5954-3

Dear Sir:

Enclosed herewith please find the original and one copy of the Articles of Amendment for the above-referenced corporation, together with my Firm check in the amount of \$35.00 to cover the cost of filing.

Please return a copy of the Articles of Amendment and a Receipt upon filing of same.

Thank you for your assistance and continued cooperation.

Yours truly,

LAWRENCE M. HANKIN

LMH\jhr Enclosures

N/c

VS JUL 2 5 1997

ARTICLES OF AMENDMENT

OF

62497 CORP.



Pursuant to Florida Statutes Section 607.1006, the Articles of Incorporation of the above-named Corporation are hereby amended as follows:

- 1. Article I is hereby amended to read as follows: "The name of the corporation shall be RHT SARASOTA NURSERIES, INC.
 - 2. The foregoing amendment was adopted on July 3, 1997.
- 3. The Shareholders and Directors voted unanimously for the amendment.

IN WITNESS WHEREOF, we, the undersigned, have executed these Articles of Amendment, this day of July, 1997.

Rachelle Greenstein

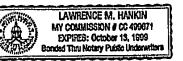
Greenstein

dwew

STATE OF FLORIDA COUNTY OF SARASOTA

this	I HEREBY	CERTIFY y Of July	that the	foregon by	ng was a	cknowledged	before	me as
	nesidu	<i>it</i>	of 624	97 CORP.,	who is	personally identificat	known	to
me:	or wh	o produce	ed a Dri	ver's Lic	ense/as	identificat	tion: _	- •
					Ul	Sheuli	رر	

(SEAL)



(Type, Print or Stamp Name)
I am a Notary Public in and for
the State of Florida, and my
commission expires ______.

STATE OF FLORIDA COUNTY OF SARASOTA

I HEREBY CERTIFY phat on this day of the 199_, personally appeared the plent , as sering of 62497 CORP., who is personally known to me: or who produced a Driver's License as identification: ______.

(SEAL)



(Type, Print or Stamp Name)
I am a Notary Public in and for
the State of Florida, and my
commission expires ______.