PH000025335

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: UNIVERSAL NA	TURAL NUTRITION INC	
DOCUMENT NUMBI	ER: P14000025335		
The enclosed Articles o	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	LUZ S LEYVA		
_		Name of Contact Person	
Ţ	JNIVERSAL NATURAL N	UTRITTION INC	
_		Firm/ Company	
8	173 NW 8TH STREET APT	- ·	
-		Address	
I	MIAMI FL 33126		
_		City/ State and Zip Code	2
D∩R A	.CPEREZ@HOTMAIL.CON	Л	
	-	sed for future annual report	notification)
	`	•	,
For further information	concerning this matter, pleas	se call:	
LUZ S LEYVA		at (³⁰⁵	439-9174
Name o	f Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Inassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNIVERSAL NATURAL NUTRITION INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P14000025335		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following a	mendment(s
A. If amending name, enter the new name of the corporation:		SEP 200w
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must-cor	reviation iitain⊆the
B. Enter new principal office address, if applicable:	8300 SW 8TH STREET STE #104	5 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FL 33144	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8300 SW 8TH STREET STE#104	
	MIAMI FL 33144	
D. If amending the registered agent and/or registered office ad-	draws in Florida, antar the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
·	A	
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.		
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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MAURICIO CASIN	8300 SW 8TH STREET STE#104
X Add			MIAMI FL 33144
Remove			
2) Change	T	PEDRO JESUS CARRILLO	8300 SW 8TH STREET STE#104
X Add			MIAMI FL 33144
Remove 3) Change	S	CHRISTIAN CESPEDES	8300 SW 8TH STREET STE #104
X Add			MIAMI FL 33144
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

Attack additional aleader it comments:	cles, enter change(s) here:
Attach additional sheets, if necessary).	(Be specific)
-	
 	
lf an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
/·C 1. 11 . 1. 1. 1. 1. 1. 1. 1.	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicale N/A)	·
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A)	

	09/18/2015	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	0/10/0016	
. (Effective date <u>if applicable</u> : _	9/18/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	<u>(s)</u>
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/18/	2015	
Dated		
	1 6111 1	
—	XUZ Della Zeyva.	
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other cou	
	iointed fiduciary by that fiduciary)	ırı
	LUZ S LEYVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·