## 114000009861

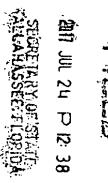
| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
|                                         |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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JUL 2 7 7017 T. LEMIEUX



## COVER LETTER

| Division of Corporations                                             |                                                      |
|----------------------------------------------------------------------|------------------------------------------------------|
| NAME OF CORPORATION:  Nattacha Financial Services                    |                                                      |
| N14000009861 DOCUMENT NUMBER:                                        |                                                      |
| The enclosed Articles of Amendment and fee are submitted for fil     | ing.                                                 |
| Please return all correspondence concerning this matter to the follo | owing:                                               |
| Evans St. Fort                                                       |                                                      |
| (Name of C                                                           | ontact Person)                                       |
| Nattacha Financial Services Inc                                      |                                                      |
| (Firm)                                                               | Company)                                             |
| 16480 NE 19th ave                                                    |                                                      |
| (Ac                                                                  | ldress)                                              |
| Miami, Florida 33162                                                 |                                                      |
| (City/ State                                                         | and Zip Code)                                        |
| NattachaFinancialServices@gmail.com                                  |                                                      |
| E-mail address: (to be used for future a                             | nnual report notification)                           |
| For further information concerning this matter, please call:         |                                                      |
| Evans St. Fort                                                       | 754 400-1758                                         |
| (Name of Contact Person)                                             | (Area Code) (Daytime Telephone Number)               |
| Enclosed is a check for the following amount made payable to the     | Florida Department of State:                         |
| enclosed                                                             | Copy Certificate of Status al copy is Certified Copy |
| Mailing Address  Amendment Section                                   | Street Address Amendment Section                     |
| Division of Corporations<br>P.O. Box 6327                            | Division of Corporations<br>Clifton Building         |
| Tallahassee, FL 32314                                                | 2661 Executive Center Circle                         |
|                                                                      | Tallahassee, FL 32301                                |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2017

EVANS ST. FORT 16480 NE 19 AVE MIAMI, FL 33162

SUBJECT: NATTACHA FINANCIAL SERVICES INC

Ref. Number: N14000009861

We have received your document for NATTACHA FINANCIAL SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is to change the registered agent not the officers and directors. If you are change the officers and directors you must file the Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

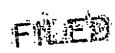
Tracy L Lemieux Regulatory Specialist II

i.,

Letter Number: 617A00013939

DOM COOR M N I

## Articles of Amendment to Articles of Incorporation



| Nattacha Financial Services Inc                                                                                      |                        |                                  | 1 1 2 1 D 12: 3                   |
|----------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|-----------------------------------|
| Nattacha Financial Services Inc  (Name of Corporation as curre) N14000009861                                         | ntly filed wi          | th the Florida Dept. of S        | state)                            |
| N14000009861                                                                                                         |                        |                                  | SECRETARY OF STATE                |
| (Document Num                                                                                                        | ber of Corpo           | ration (if known)                | WEEVHY SEC.                       |
| Pursuant to the provisions of section 617,1006, Florida Statut<br>amendment(s) to its Articles of Incorporation:     | tes, this <i>Flor</i>  | <br>ida Not For Profit Corpo<br> | pration adopts the following      |
| A. If amending name, enter the new name of the corpora                                                               | tion:                  |                                  |                                   |
| NA                                                                                                                   |                        |                                  | /14                               |
| name must be distinguishable and contain the word "corpord" Company" or "Co." may not be used in the name.           | ition" or "ir          | corporated" or the abbre         | The new viation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable:                                                                | 16480 NE               | 19th Ave                         |                                   |
| Principal office address <u>MUST BE A STREET ADDRESS</u>                                                             | ) <sub>Miami, Fl</sub> | orida 33162                      |                                   |
|                                                                                                                      |                        |                                  | <del></del>                       |
|                                                                                                                      |                        |                                  |                                   |
| C. Enter new mailing address, if applicable:                                                                         |                        |                                  |                                   |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                           |                        | <u> </u>                         |                                   |
|                                                                                                                      |                        |                                  |                                   |
|                                                                                                                      | -                      | İ                                |                                   |
|                                                                                                                      |                        | <u> </u>                         |                                   |
| D. If amending the registered agent and/or registered off                                                            | ice address i          | n Florida, enter the nan         | ne of the                         |
| new registered agent and/or the new registered office                                                                | address:               |                                  |                                   |
| Name of New Registered Agent:                                                                                        |                        |                                  |                                   |
|                                                                                                                      |                        |                                  |                                   |
|                                                                                                                      |                        | (Florida street addre            | 25.5)                             |
| New Registered Office Address:                                                                                       |                        |                                  |                                   |
|                                                                                                                      |                        |                                  | , Florida                         |
|                                                                                                                      | (City)                 |                                  | (Zip Code)                        |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for |                        | and accept the obligation        | s of the position.                |
|                                                                                                                      | Signature of .         | New Registered Agent, if         | changing                          |

| address of each Officer:<br>(Attach additional sheets,<br>Please note the officer/dir<br>P = President: V= Vice P | ind/or 1<br>if neces,<br>vector tit<br>vesident<br>Chief F | Director b<br>sary)<br>le by the fi<br>; T= Trea:<br>Tinancial ( | eing added:<br>irst letter of the office title:<br>surer; S= Secretary; D= Dire<br>Officer. If an officer/director l | ctor; TR= Trus | lirector being removed and title, name, and stee: C = Chairman or Clerk: CEO = Chief in one title, list the first letter of each office |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                   | ves the c                                                  | orporation                                                       | i, Sally Smith is named the V o                                                                                      |                | ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,                                              |
| Example:  X Change X Remove X Add                                                                                 | <u>PT</u> <u>V</u> <u>SV</u>                               | John Do<br>Mike Jo<br>Sally Sn                                   | <u>nes</u>                                                                                                           |                |                                                                                                                                         |
| Type of Action<br>(Check One)                                                                                     | <u>Title</u>                                               |                                                                  | <u>Name</u>                                                                                                          |                | <u>Addres</u> s                                                                                                                         |
| I) X Change                                                                                                       | Т                                                          | _                                                                | Nattacha Jocelyn                                                                                                     |                | 10834 NE 3rd Court                                                                                                                      |
| Add                                                                                                               |                                                            |                                                                  |                                                                                                                      | 1              | Miami, Florida 33161                                                                                                                    |
| Remove                                                                                                            |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| 2) Change                                                                                                         | p                                                          | _                                                                | Evans St. Fort                                                                                                       |                | 16480 NE 19th Ave                                                                                                                       |
| X Add                                                                                                             |                                                            |                                                                  |                                                                                                                      |                | Miami, Florida 33162                                                                                                                    |
| Remove                                                                                                            |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| 3 ) Change                                                                                                        |                                                            | <u> </u>                                                         |                                                                                                                      | <u> </u>       |                                                                                                                                         |
| Add                                                                                                               |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| Remove                                                                                                            |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| 4) Change                                                                                                         |                                                            | <u></u>                                                          |                                                                                                                      | <u> </u>       |                                                                                                                                         |
| Add                                                                                                               |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| Remove                                                                                                            |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| 5) Change                                                                                                         |                                                            | _                                                                |                                                                                                                      |                |                                                                                                                                         |
| Add                                                                                                               |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| Remove                                                                                                            |                                                            |                                                                  |                                                                                                                      |                |                                                                                                                                         |
| 6) Change                                                                                                         |                                                            | _                                                                |                                                                                                                      |                |                                                                                                                                         |

\_\_ Add

Remove

| (attach additional sheets, if necessary). (Be specific) NA | E. If amending or adding additional Articles, enter change(s) here: |              |
|------------------------------------------------------------|---------------------------------------------------------------------|--------------|
|                                                            | (attach additional sheets, if necessary). (Be specific)             |              |
|                                                            | NA                                                                  |              |
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|       |                                                                               | 06/26/2017                                                                   |                                                              |
|-------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|
|       | e date of each amendment(s) adop<br>e this document was signed.               |                                                                              | , if other than the                                          |
| e ce  | 06/26/                                                                        | 2017                                                                         |                                                              |
| E I I | ective date <u>if applicable</u> :                                            | (no more than 90 days after an                                               | endment file datej                                           |
|       | te: If the date inserted in this block<br>nument's effective date on the Depa |                                                                              | ory filing requirements, this date will not be listed as the |
| ۸de   | option of Amendment(s)                                                        | ( <u>CHECK ONE</u> )                                                         |                                                              |
|       | The amendment(s) was/were adopwas/were sufficient for approval.               | nted by the members and the number                                           | r of votes east for the amendment(s)                         |
|       | There are no members or member adopted by the board of directors              | s entitled to vote on the amendmen                                           | t(s). The amendment(s) was/were                              |
|       | Dated O6/26/2017 Signature                                                    | MILL                                                                         |                                                              |
|       | By the chairing                                                               |                                                                              | esident or other officer-if directors                        |
|       |                                                                               | selfcted, by an incorporator – if in<br>pointed fiduciary by that fiduciary) | the hands of a receiver, trustee, or                         |
|       | Nattacha Jo                                                                   | ocelyn                                                                       |                                                              |
|       |                                                                               | (Typed or printed nam                                                        | c of person signing)                                         |
|       |                                                                               |                                                                              |                                                              |
|       | President                                                                     |                                                                              |                                                              |
|       |                                                                               | (Title of pe                                                                 | rson signing)                                                |
|       |                                                                               |                                                                              |                                                              |