N 15000007345

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NATURAL DISASTERS INC NAME OF CORPORATION:						
DOCUMENT NUMBER: N15000007365						
The enclosed Articles of Amendment and fee are sub	omitted for filing.					
Please return all correspondence concerning this matter	ter to the following:					
OMAR BUDDINGTON						
	(Name of Contact Per	rson)				
NATURAL DISASTERS INC						
	(Firm/ Company)					
561 NE 38TH STREET						
	(Address)					
DEERFIELD BEACH, FL 33064						
	(City/ State and Zip C	ode)				
E-mail address: (to be used	for future annual repo	rt notification)			
For further information concerning this matter, please	call:					
OMAR BUDDINGTON	at	954	773-1456			
(Name of Contact Person		Area Code)	(Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of S	tate:			
ស្ 🖽	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy conal Copy is sed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Āme Divis Clifto 2661	et Address indment Section is on of Corpor on Building Executive Ce hassee, FL 32	ations enter Circle			



December 11, 2018

OMAR BUDDINGTON 561 NE 38TH STREET DEERFIELD BEACH, FL 33064

SUBJECT: NATURAL DISASTERS INC.

Ref. Number: N15000007365

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Letter Number: 918A00025366

Claretha Golden Regulatory Specialist II

www.sunbiz.org



November 9, 2018

OMAR BUDDINGTON 561 NE 38TH STREET DEERFIELD BEACH, FL 33064

SUBJECT: NATURAL DISASTERS INC.

Ref. Number: N15000007365

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 818A00023211

RECEIVED

MINDEC 10 ANTH 3

SECRETARY STATES

Articles of Amendment to . Articles of Incorporation of

FILED

NATURAL DISASTERS INC

2019 JAN 14 PM 1:12

(Name of Corporation as a	currently filed with the Florida Dept. of State) A !! OF STA
N15000007365	IALLAMSSEE, FL
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
N/A	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	The new rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))
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 of	fice address:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Regist	ered Agent:
hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
	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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 ,		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

ADD: ARTICLE X - CONFLICT OF INTEREST
1. No member of the Board of Directors shall derive any personal profit or gain for themselves, their relatives or friends.
directly or indirectly by reason of his or her participation within the corporation, except by and agreed to by three quarters of
the board vote.
2. Each member must disclose any personal interest that he or she may have in any matter pending before the board and shall
refrain from any discussion on that matter. A conflicting board member will not be counted in quorum in matters where there
is a conflict of interest.
3. Each board member must submit an annual statement and must agree to these general principles and disclose any potential
conflict.

OCTOBER 30, 2018 The date of each amendment(s) adoption:	her than the
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	·. <u> </u>
(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
rocument s effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated OCTOBER 30, 2018	
Signature O. Potto	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
OMAR BUDDINGTON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	