

PD3000094689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

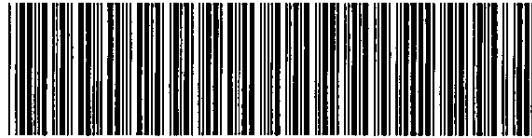
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/06--01003--004 **5.00

11/13/06--01029--001 **30.00

FILED
06 NOV 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

w06-50343

NIC
SF



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2006

Jill Joyce
Don't Forget Memory Loss Solutions, Inc.
6679 Mid Summer Lane
Sanford, FL 32771

SUBJECT: DON'T FORGET MEMORY LOSS SOLUTIONS, INC.
Ref. Number: P03000094689

We have received your document for DON'T FORGET MEMORY LOSS SOLUTIONS, INC. and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form and fee was submitted to amend a Florida corporation. Enclosed is the correct form. As the filing fee is \$35 an additional fee of \$5 is due. Please note option certification fees.

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) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 906A00067170

RECEIVED
06 NOV 27 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dont Forget Memory Loss Solutions, Inc.

DOCUMENT NUMBER: #002

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Joyce

(Name of Contact Person)

As Above

(Firm/ Company)

~~BA Box~~ 6679 Mid Summer Lane

(Address)

Sanford, FL 32771

(City/ State and Zip Code)

For further information concerning this matter, please call:

Julie Joyce

(Name of Contact Person)

at (954) 557-7707

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

\$30
previously
sent (see front
of this doc)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Don't Forget Memory Loss Solutions, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

(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:

NEW CORPORATE NAME (if changing):

Excel Naturals, Inc.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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06 NOV 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 11-21-2006

Effective date if applicable: 1-1-2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Jill Joyce
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jill Joyce
(Typed or printed name of person signing)

Director/CEO
(Title of person signing)

FILING FEE: \$35

\$30 paid
\$5 enclosed
(see page 1)