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JUN 2 0 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

LA NUTRITION, I	INC.
P06000107184 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing
Please return all correspondence concerning this mat	•
LORENA COLOMBO, ESQ.	·
20142 01 00200180, 200	Name of Contact Person
BRYN & ASSOCIATES, P.A	
2 SOUTH BISCAYNE BOUL	Firm/ Company LEVARD, SUITE 2680
MIAMI, FL 33131	Address
	City/ State and Zip Code
LORENA@MARKBRYN.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please	e call:
LORENA COLOMBO	305 374-0501 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

LA NUTRITION, INC.

(Name of Corporation a P06000107184	as currently filed with the Florida	Dept. of State)
(Document	t Number of Corporation (if known)	:
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporal	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and southing the said w		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	"Inc," or "Co". A professional co	orporation name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	AND
		To B
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>≅</u> 3′
D. If amending the registered agent and/or registered new registered agent and/or the new registered office.		e name of the
Name of New Registered Agent		
	(Florida street address)	,
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I an	n jamiliar with and accept the oblig	ations of the position.
Signatur	re of New Registered Agent, if chan	aina

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)	<u>Title</u>	Name	<u>Addres</u> s
x 1) Change	PTS	FEDERICO, NOELLE	1616 WESTGATE CIRCLE
Add			BRENTWOOD, TN 37027
Remove			
2) Change	CEO	PRESCOTT, JEFF	1616 WESTGATE CIRCLE
X Add			BRENTWOOD, TN 37027
Remove			
3) Change	PT	JONES, JEFF	1616 WESTGATE CIRCLE
Add			1616 WESTGATE CIRCLE
X Remove			<u></u>
4) Change		_	_
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ding or adding a additional sheets,	if necessary).	(Be specific)				
					•		
 -	with the same of t			······			
	·						
provisi	endment provid	nting the amer	ange, reclassifi	cation, or cance	llation of issued amendment itse	shares, lf:	
(if)	not applicable, in	dicate N/A)					
	14 T. i						
					-		

	05/15/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this repartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
06/13/201	6	
Dated	lorena Mi	
Sigiritue	director, president or other officer – if directors or officers have not bee	 n
sglect	ed, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
√ appoi	nted fiduciary by that fiduciary)	
	LORENA COLOMBO, ESQ., FOR BRYN & ASSOCIATES, P.A.	
	(Typed or printed name of person signing)	
	ATTORNEY-IN-FACT	
	(Title of person signing)	