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2018 MAY 29 PM 2: 51
SECRETARY OF STATE

C. GOLDEN MAY 3 0 2018

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: ALBA R: POSO	+ NATURAL	S, INC.	
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	DEMETRI MOUSTOFOULOS			
Name of Contact Person				
MOUSTOPOULOS & COMPANY INC			PANY INC.	
	Firm/ Company			
	ρο βοχ 2325			
_		Address		
_	PO BOX 2325  PALM HARBOR FL 34682			
		City/ State and Zip Cod	le	
	DMTAXCPA@EARTHLINK.NET			
		sed for future annual report		
For further information c	oncerning this matter, pleas	se call:		
N 2.			4	
DEMETEL	MOUSTOPOULOS	3 at (_72)	<u> 781-0346</u>	
Name of Contact Person  Area Code & Daytime Telephone Number				
Enclosed is a check for th	ne 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)	
Mailing Address Amendment Section		Street Address		
	n of Corporations	Amendment Section Division of Corporations		
P.O. Be	ox 6327	Clifton Building		
Tallaha	ssee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

### Articles of Amendment

Articles of Incorporation

## ALBA NATURALS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) PO8 000085065

TALLAHASSEL FLORION

(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

A. If amending name, enter the new name	N/	A		77
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	n the word "corporation on "Corp." "Inc." or "	n," "company," or "in Co". A professional co	corporated" of orporation name	The nev the abbreviation must contain th
B. Enter new principal office address, if a	pplicable:	<del></del>	N/A	
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u> )		'	
C. Enter new mailing address, if applical				
(Mailing address <u>MAY BE A POST OF</u>	<u>FICE BOX</u> )		<u> </u>	
			-	-
D. If amending the registered agent and/o	or registered office addr	ess in Florida, enter the	name of the	
new registered agent and/or the new re	egistered office address:			
Name of New Registered Agent	FLORJAN	MUCAJ		
_	518 PASI		<del></del>	<del></del>
New Registered Office Address:	TARPON SP	Cini	Florida	34689
		City)		(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:			
hereby accept the appointment as registered	d agent. I am familiar w	ith and accept the obliga	utions of the po.	sition.
Flor	W M	UU		
<del></del>	Signature of New Re	gistered Agent, if chang	ing	<u> </u>

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ρ	ADUSH MUCAT	518 PASAJE AVE
X Add			TARPON SPRINGS FL 34689
Remove			
2) Change	TS	FLORJAN MUCAJ	518 PASAJE AVE
X Add			TARPON SPRINCS, FL 34689
Remove 3) X Change		ANILA MUCAT	518 PASAJE AVE
Add			TARPON SPRINGS, FL 34689
Remove	1/	Detait Aducat	
4) X Change	_V_	PETRIT MUCAJ	SIB PASAJE AYE
Add Remove			TARPON SPRINGS, FL 34689
\\			
5) Change		<del></del>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	cets, if necassary).	(Be specific)	1		
			N/A		
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f an amendment pr	ovides for an exch	iange, reclassifica	ntion, or cancellation	of issued shares,	
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<u>provisions for impl</u>	lementing the ame	nange, reclassifica	ntion, or cancellation ntained in the amendi	of issued shares, ment itself:	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amen	dment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	;·
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
Signature Poly Poly Poly Poly Poly Poly Poly Poly	
PETRIT MUCAJ  (Typed or printed name of person signal)	
(Typed or printed name of person sig	gning)
VICE PRESIDENT	
(Title of person signing)	