P08000091584

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SECRETARY OF STATE TALLAHASSEE, FLORID,

Amend

C.COULLIETTE

AUG 11 2009

EXAMINER

Articles of Amendment Articles of Incorporation of

NATULIFE HEALTH SOLUTIONS, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000091584

(Document Number of Corp	poration (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	ofit Corporation ad	lopts the follo
A. If amending name, enter the new name of the corpor	ration:		
name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as	n "Corp," "Inc," or "Co	o". A professional	The new ted" or the corporation
B. Enter new principal office address, if applicable:	13773 SW 169	TERRACE	~
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>MIAI, FL 33177</u>	, ELAHAS	O9 AUG I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 7718	51 FG S	9. 6.
n en	MIAMI, FL 3317	77	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of	the .
Name of New Registered Agent:			
New Registered Office Address: (1	Florida street address)		
(0	City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j		the obligations of t	he position.
Signature of I	New Registered Agent, if	changing	-

(Attach additional sheets, if necessary) Title . Address <u>Name</u> Type of Action TIVISAI MUNOZ 15635 SW 74TH CIRCLE DR 🔃 Add ☐ Remove APT 10_____ MIAMI, FL 33193 CARMEN AMORES D D ADRIANA CARDONA E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

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:

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	YANIRA GUZMAN	P.O. BOX 771851 MIAMI, FL 33177	
	ling or adding additional Articles, iditional sheets, if necessary). (Be		
provisio	nendment provides for an exchangent of implementing the amendment of applicable, indicate N/A)		
-48	True to the state of the state		

The date of each amen	dment(s) adoption: TULY 13, 2009 (date of adoption is required) able: Jvy, 1,3, 2009 (no more than 90 days after amendment file date)
•	(date of adoption is required)
Effective date <u>if applic</u>	able: 1027, 13, 2009
	(no more than 90 days after amendment file date)
*1	
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)
The amendment(s) w	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	vas/were approved by the shareholders through voting groups. The following statement 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)
action was not requir	as/were adopted by the incorporators without shareholder action and shareholder
Dated_ Signat	(By a diffector, 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)
	TIVISAI MUNOZ (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)