

PO9000101491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

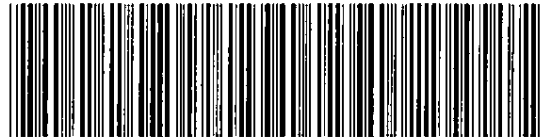
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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11712025 (email)

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11/18/24--01001 -005 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FL

me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2024

JENNIFER ARCILA
6915 RED ROAD, STE 224
CORAL GABLES, FL 33143 US

SUBJECT: NATURALFICIAL, INC.
Ref. Number: P09000101491

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

CHECK ONE OF THE ADOPTION OF AMENDMENT BOXES.

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 724A00027117

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COVER LETTER

TO: Amendment Section
Division of Corporations

Naturalficial, Inc.
NAME OF CORPORATION: _____
PO9000101491
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jennifer Arcila

Name of Contact Person
Naturalficial, Inc.

Firm/ Company
6915 Red Road, Ste 224

Address
Coral Gables, FL 33143

City/ State and Zip Code
jennifer@naturalficial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Arcila 305 321-4615

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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Letter sent
12/13/24

REC.
1/7/2025

Articles of Amendment
to
Articles of Incorporation
of

Naturalificial, Inc.

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

PO9000101491

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

5879 Sunset Drive

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Ste 2

South Miami, FL 33143

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5879 Sunset Drive

Ste 2

South Miami, FL 33143

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 office address:

Name of New Registered Agent

5879 Sunset Drive, Ste 2

(Florida street address)

South Miami

33143

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
X	Principal	Andres Arcila	5879 Sunset Drive
1) <u>Change</u>			Ste. 2
<u>Add</u>			South Miami, FL 33143
<u>Remove</u>			
X	Secretary	Jennifer Arcila	5879 Sunset Drive
2) <u>Change</u>			Ste. 2
<u>Add</u>			South Miami, FL 33143
<u>Remove</u>			
3) <u>X</u> <u>Change</u>	Under Secretary	Peter Anselmo	5879 Sunset Drive
<u>Add</u>			Ste. 2
<u>Remove</u>			South Miami, FL 33143
X	Under Secretary	Luis Arencibia	5879 Sunset Drive
4) <u>Change</u>			Ste. 2
<u>Add</u>			South Miami, FL 33143
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed, November 8, 2024

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 as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

☒ The amendment(s) was/were adopted 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)

11/08/2024

Dated _____

Signature _____

(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)

Jennifer Arcila

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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