## P10000020918

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2021 OCT 18 PM 9: 29

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Nature's Partal INC.
DOCUMENT NUMBER: P 100000 20918
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy ELwood Name of Contact Person
Nature's Portal Inc.
1210 Swan St. Address
Address  Winter Springs, FL 32708  City/ State and Zip Code
,
Matures portal Damail, Com E-nuil address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407), 617 3340  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## **Articles of Amendment**

to
Articles of Incorporation

FILED

	of	المنطق ومنط فيستأ في الأ
Nature's Port	al Inc.	2021 OCT 18 PM 9: 29
(Name of Corporation as curre	ntly filed with the Florida Dept. of State	) 0500571001057011
P100000 =	20918	ŠECRETARY OF STATE TALLAHASSEE, PLOS
(Document Numbe	er of Corporation (if known)	- 1 P. S. L. 1 P. S. L. 1 S. S. L. 1 L. 1 L. 1 L. 1 L. 1
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		Тће леш
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P./	A professional corporation name must A."	contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NANCY ELWOOT.	<u>D</u>
	WinterSpring	5, FL 32708
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	- N A	
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the name of the	<del></del>
new registered agent and/or the new registered office addr	ess:	
Name of New Registered Agent	<i>N/A</i>	
	street address)	<del>-</del>
	30 CC1 WWW E337	
New Registered Office Address:	, Florida,	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ur with and accept the obligations of the po	sition.
Cimatum of Name	Registered Agent, if changing	<del></del>
	r Kegmerea Agent, ij changing	
Check if applicable  ☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (1)	1) (c), F.S.	

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.

	re, and Dai	ny oman, or us un ziuu.	
Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	$\mathcal{D}$	PATRICKELWOOD	1210 Swanst
Add			Winter Springs, FL
Remove			32708,
2) X Change	$\underline{V}$	Nancy Elwood	1210 Swan St
Add		ı	Winter Springs, FL
Remove 3) Change	$\mathcal{Q}$	Nancy ELWOOD	32708
Add		1	12 10 Swan St
Remove			Wintersprings, FL
4) Change		<u></u>	32708
Add			
Remove			
5) Change		<del></del>	<del></del>
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

The date of each amendment(s) ado	ention:		:6
date this document was signed.			, if other than the
Effective date if applicable:	10-2-20	フ   90 days after amendment file date)	
	(no more than	90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the appliartment of State's records.	icable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or	board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff		he number of votes east for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders the ach voting group entitled to	rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast fo		• •	
by	(voting group)		
	(voting group)		
Dated <u>/0 -</u>	2-7021	1	
Signature	Les Cerso	$\mathcal{A}$	
(By a dire selected,	ctor, president or other offi	icer – if directors or officers have not been he hands of a receiver, trustee, or other court	
	NANCY	ELWOOD  name of person signing)	
	(Typed or printed	name of person signing)	
_	VP		
	(Title of person si	gning)	

. .