

FROM :

Division of Corporations

FAX NO. : 3052231156

Sep 10 2010 09:55AM AP2

Page 1 of 1

P 10000056828  
H100001981783

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001981783)))



H100001981783ABC2

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : FONSECA & ASSOCIATES, INC  
Account Number : I20100000066  
Phone : (786)514-3837  
Fax Number : (305)223-1156

10 SEP 10 PM 3:38

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NATURAL CHANGE INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

*Amend*

09-10-10

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Corporate Filing Menu

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H100001981783 DC

FROM :

FAX NO. : 3052231156

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850-617-6381

9/10/2010 8:53:58 AM PAGE

1/001 Fax Server



September 10, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NATURAL CHANGE INC  
201 BIRD ROAD  
CORAL GABLES, FL 33146

SUBJECT: NATURAL CHANGE INC  
REF: F10000056828

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE CORPORATE NAME SHOULD READ: NATURAL CHANGE INC (THERE ARE NO PERIODS OR COMMAS IN THE NAME).

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H10000198178  
Letter Number: 010A00021551

RECEIVED  
2010 SEP 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

FROM :

FAX NO. : 3052231156

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H 100001981783

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Natural Change, Inc.

**DOCUMENT NUMBER:** P10000056828

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

Please return all correspondence concerning this matter to the following:

Luis Fonseca

(Name of Contact Person)

Fonseca & Associates, Inc.

(Firm/ Company)

456 NW 114 Ct

(Address)

Miami, FL 33172

(City/ State and Zip Code)

lulfons0713@yahoo.com

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

For further information concerning this matter, please call:

Luis Fonseca

(Name of Contact Person)

at ( 786 ) 514-3873

(Area Code & Daytime Telephone Number)

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

H 100001981783

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Articles of Amendment  
to  
Articles of Incorporation  
of

Natural Change, Inc.

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

P10000056828

(Document Number of Corporation (if known))

FILED  
10 SEP 10 PM 3:30

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."*

**B. Enter new principal office address, if applicable:**

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

1100 NW 42 Ave

Miami, FL 33126

**C. Enter new mailing address, if applicable:**

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

1100 NW 42 Ave

Miami, FL 33126

**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:*

Nelf Antonio Gebran

*New Registered Office Address:*

3704 San Simeon Circle

*(Florida street address)*

Weston

*(City)*

Florida 33331

*(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*

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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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Marcelo Colombo	201 Bird Road Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Neif Antonio Gebran	201 Bird Road Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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FROM :

FAX NO. : 3052231156

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Neif Antonio Gebran	3704 San Simeon Circle Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Jose Miguel Reyes Ortiz	3704 San Simeon Circle Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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The date of each amendment(s) adoption: 08-30-2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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)

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

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08-30-2010

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)

Neif Antonio Gebran  
(Typed or printed name of person signing)

Director  
(Title of person signing)

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