

FROM :

FAX NO. : 3052231156

Sep 10 2008 09:55AM AP2

Division of Corporations

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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

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

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Corporate Filing Menu

Help

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FROM :

FAX NO. : 3052231156

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850-617-6381

9/10/2010 9:53:58 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: P10000056828

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

Sep. 10 2010 09:55AM P3

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 at (786) 514-3873
(Name of Contact Person) (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

FROM :

FAX NO. :3052231156

Sep. 10 2010 09:56AM P4

H100001981783

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))

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)

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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17100001981783

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