P100087817

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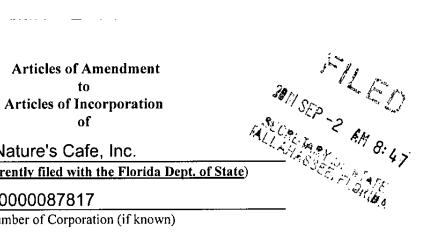
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Mother Nature's Cafe, I	nc.
DOCUMENT NUMBER:		P10000087817	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Piera Diganci	
	N	Name of Contact Person	
		Firm/ Company	
	3000	N. Ocean Drive 30-F	
		Address	
		r Island, Florida 33404	
		g@bellsouth.net	
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Piera Diganci	at (646)2	39-0685
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
▼ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment



Mother Nature's Cafe, Inc.

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

P10000087817

(Document Number of Corporation (if known)

	of the corporation:	
	ce Vita Caffee Inc	The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or t me must contain the word "chartered," "p	he designation "Corp," "Inc,"	or "Co". A professional corporatio
Enter new principal office address, if a rincipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		
If amending the registered agent and/o new registered agent and/or the new re		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
New Registered Office Address:	(Fibriaa sireei aaa.	223)
New Registered Office Address:	(Fioriaa sireei aaa.	, Florida (Zip Code)

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> Type of Action <u>Name</u> Address _ 🛮 Add Remove ☐ 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)

The date of each amendmen	t(s) adoption: $7/25/1/$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	37
•	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 07/2	25/2011
Signature	Auar Diganei
sele	a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Piera Diganci
	(Typed or printed name of person signing)
	VP
	(Title of person signing)