

P11000046656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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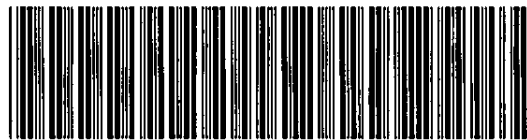
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 AUG 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASL
8/25/14

BROOKS C. MILLER, P.A.

ATTORNEYS WITH A GLOBAL PERSPECTIVE®

4300 SOUTHEAST FINANCIAL CENTER

200 SOUTH BISCAYNE BOULEVARD

MIAMI, FLORIDA 33131

BROOKS C. MILLER
EMAIL: BMILLER@BROOKSMILLER.COM

TEL: 305-372-0900
FAX: 305-372-0660

August 18, 2014

By FedEx

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Articles of Amendment and
Application by Foreign Corporation for Authorization to Transact
Business in Florida**

Dear Sir or Madam:

Enclosed please find the original the following:

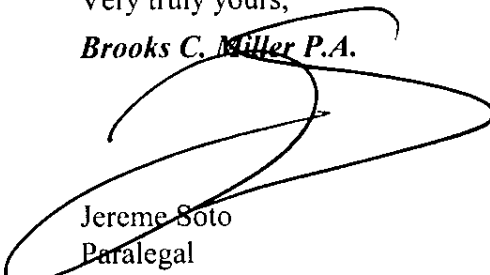
1. Articles of Amendment for Chile Natural, Inc., along with our check number 6785 in the amount of \$35.00 and made payable to the Florida Department of State to be used as payment for the filing fee.

2. Application by Foreign Corporation for Authorization to Transact Business in Florida for Inversiones Tierras Del Sur, Inc., along with our check number 6786 in the amount of \$70.00 and made payable to the Florida Department of State to be used as payment for the filing fee.

If you have any questions, please do not hesitate to contact us. Thank you for your kind attention to this matter.

Very truly yours,

Brooks C. Miller P.A.



Jereme Soto
Paralegal

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Chile Natural, Inc.

DOCUMENT NUMBER: P11000046656

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

Please return all correspondence concerning this matter to the following:

Brooks C. Miller

Name of Contact Person

Brooks C. Miller, P.A.

Firm/ Company

200 S. Biscayne Blvd., Suite 4300

Address

Miami, FL 33130

City/ State and Zip Code

bmillers@brooksmiller.com

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

For further information concerning this matter, please call:

Brooks C. Miller

Name of Contact Person

at (305)

372-0900

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Chile Natural, Inc.

2014 AUG 19 PM 4:37

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

P11000046656

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

111 NE 1st St.

Suite 300

Miami, FL 33131

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

111 NE 1st St.

Suite 300

Miami, FL 33132

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

E. If amending or adding additional Articles, enter change(s) here:

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

[illegible]

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 amendment(s) adoption: July 17, 2014, if other than the date this document was signed.

Effective date if applicable: July 17, 2014
(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 August 12, 2014

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)

Felipe Andrés Villaseñor

(Typed or printed name of person signing)

Secretary, Treasurer

(Title of person signing)