

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone # | F) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Name |) |
| . (De | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Chile Natural, Inc. | | | | |
|--|---|---|--|--|--|
| DOCUMENT NUMB | P11000046656 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | spondence concerning this ma | tter to the following: | | | |
| | Brooks C. Miller | | | | |
| | | Name of Contact Persor | 1 | | |
| | Brooks C. Miller, P.A. | | | | |
| | | Firm/ Company | | | |
| | 100 SE 2nd Street, Suite 390 | 0 | | | |
| | Address | | | | |
| | Miami, FL 33131 | | | | |
| | | City/ State and Zip Code | | | |
| - | | 1 | | | |
| bmill | er@brooksmiller.com | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, plea | se call: | | | |
| Brooks C. Miller | | at (| | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment 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
18 JUH-6 AMII: 18

| Chile Natural, Inc. | | SECRETA PUT PLATE |
|---|---|--|
| (Name of C | Corporation as curren | tly filed with the Florida Dept. of State) |
| 11000046656 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.100 ts Articles of Incorporation: | 96, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s. |
| A. If amending name, enter the new name | of the corporation: | |
| NA | | The new |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association | on "Corp," "Inc," or | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "PA." |
| B. Enter new principal office address, if applicable: | | 100 NE 1st Street, #3 |
| (Principal office address <u>MUST BE A STR</u> | | Miami, Fl. 33132 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 100 NE 1st Street, #3 |
| | | Miami, FL 33132 |
| D. If amending the registered agent and/onew registered agent and/on the new r | egistered office addre | |
| Name of New Registered Agent | NA | |
| | NA | |
| | (Florida : | (reet address) |
| New Registered Office Address: | AM | Florida VA |
| | | (City) (Zip Code) |
| New Registered Agent's Signature, if char I hereby accept the appointment as registere | nging Registered Agei ed agent. I am familia | nt: NR r with and accept the obligations of the position. |
| | Signature of New | Registered Agent, if changing |

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.

| X Change | \underline{PT} | John Doe | |
|-------------------------------|------------------|---------------------------|-------------------------------|
| X Remove | Y | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | STD | Villaseñor Felipe Andres | 111 NE 1st Street |
| Add | | | Suite 300 |
| X Remove | | | Miami, FL 33132 |
| 2) X Change | PSTD | Villaseñor Sanchez Alvaro | Alameda 2240, Santiago Centro |
| Add | | | Santiago, Chile OC |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | _ |
| Add | | | |
| Remove | | | |

| . <u>If amending o</u> (Attach <i>additio</i> | or adding additional Art mal sheets, if necessary). | icles, enter change (Be specific) | (s) here: | | |
|--|--|--------------------------------------|---------------------------------------|---------------------|----|
| • | NA | | | | |
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| If an amend | nent provides for an exc | bange reclassifica | tion, or cancellatio | n of issued shares. | |
| provisions f | or implementing the amounticable, indicate N/A) | endment if not con | tained in the amen | dment itself: | |
| (if not a | | | | | |
| | NA | | | | |
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| | June 4, 2018 | |
|--|---|-----------------------------------|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
| | : 15, 2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this I document's effective date on the De | block does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adby the shareholders was/were so | opted by the shareholders. The number of votes east for the amenda afficient for approval. | ient(s) |
| ☐ The amendment(s) was/were ap must be separately provided for | proved by the shateholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s). | itement : |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and share opted by the incorporators without shareholder action and sharehold | |
| action was not required. | | |
| June 4, 2 Dated | -//Ww | |
| selection | Mrector, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary) | |
| | Brooks C. Miller | |
| | (Typed or printed name of person signing) | |
| | Attorney in Fact - Florida Bar No. 316695 | |
| | (Title of person signing) | |