P110000 80287

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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VITAMINAS I	NATURALES DE LA	AS AMERICAS INC
DOCUMENT NUMI	_{BER:} P1100008028	7	
	of Amendment and fee are su		-
Please return all corre	spondence concerning this mat	tter to the following:	
	ARELIS SOSA		
	VITAMINAS NAT	Name of Contact Person	S AMERICAS INC
		Firm/ Company	
	36 NW 6 AVE SU	JITE 803	
		Address	
	MIAMI FL 33128	0': 10: 15' 0 1	
		City/ State and Zip Code	•
	E mail address (to be us	ed for future annual report	notification\
	E-man address: (to be us	ed for future annual report i	louncation)
For further informatio	n concerning this matter, pleas	e call:	
ARELIS SOS	SA	at (786	, 5879296
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depar	rtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation

VITAMINAS NATURALES DE LAS AMERICAS INC

·	currently filed with the Flo	orida Dept. of State)		
P11000080287				
(Documen	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Fiorida Statutes, this F	lorida Profit Corporation adopts the following	; amendmen	t(5) to
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the ab o". A professional corporation name must c A."	breviation contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		36 NW 6 AVE SUITE 803		
		MIAMI FL 33128		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		36 NW 6 AVE SUITE 803		
		MIAMI FL 33128		
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the		
Name of New Registered Agent	ARELIS SOSA			
name of New Registered figers	36 NW 6 AVE S	UITE 803		
	(Florida stre	1 1	윤 교	
New Registered Office Address:	MIAMI	, Florida 33128		7
	(City)	(Zip Code)	JAN II	
		رن ^ر نه ـ	~	ГП
New Registered Agent's Signature, if c	hanging Registered Agent:		္ မွာ	
i nereoy accepi ine appoiniment as regisi	erea agent / i agr jamiliar w	ith and accept the obligations of the position is	် မှ ၁ မာ	
Si	gnature of New Registered A	sent if changing		
517	(/ / /	5 A sumionio		

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 <math>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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PT		ARELIS SOSA	36 NW 6 AVE SUITE 803
X		_		MIAMI FL 33128
Remove				
2) Change	<u>P</u>	_	MAIDELIN CORONA	9917 NW 9 ST CIR APT 3
Add				MIAMI FL 33172
X Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
D				

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
		
	•	
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y nor approximation man		

The date of each amendment	t(s) adoption: U1/1U/2U13
Effective date if applicable:	01/10/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
	10/2013 Luwel
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator f if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	MAIDELIN CORONA
	(Typed or printed name of person signing)
	P
	(Title of person signing)