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SECRETARY OF STALE
SHOW OF CORPORATION

AUG 1 0 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: 12 nity Natural HEalth & WELL NESS, Inc
DOCUMENT NUMBER: 7 120000 78 057
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abdord Marc-Zugene Name of Contact Person
3475 NW 30Th Street #503
Muderdale LAKES R1 33311 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Abdon ed MARC-EUGene at 904 548 80 86 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 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

FILED DECRETARY OF STATE DIVISION OF CORPORATION:

Articles of Amendment

Articles of Incorporation

2016 AUG - 1 PM 12: 53

Articles of Inco	rporation
/ KINILA NATURA	- HEgith ? Well ness, Proc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
D/20000 78 00	57
(Document Number of	Cornoration (if known)
(Douther Hallos of	corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1070 North Migmi Beach 12 33/60
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Samo
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	et 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 wi	th 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sp	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change	_			
Add				
Remove				
4) Change				
Add				
Remove				
<i>C</i> 1.				
5) Change		_		
Add				
Remove				
6) Change	_	District		
Add				
Remove				

•	seets, if necessary).	cles, enter chang (Be specific)			
· · · · · · · · · · · · · · · · · · ·					11.6 (20.2)
		ange, reclassifica	ation, or cancellation	on of issued shares	1
an amendment pr provisions for impl	rovides for an exch lementing the amer	ndment if not cor	<u>ntained in the ame</u> i	<u>iament itseif:</u>	
<u>provisions for impl</u>	lementing the amerole, indicate N/A)	ndment if not cor	ntained in the ame	iament itseit:	
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3/10/1/	SECRETARY OF STATE SIVISION OF CORPORATION the
The date of each amendment(s) adoption:	2010 Aug.
Effective date if applicable: (no more than 90 days after an	2016 AUG - 1 PH 12: 53
(no more than 90 days after a	nenameni jite aate)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	oups. The following statement y on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by(voting group)	"
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharely action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
Dated8-1-16	
Signature(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reconstruction of the selected o	
appointed fiduciary by that fiduciary)	
Absone 1/A	RC-Bugene
(Typed or printed name of person	Tresident
(Title of person signi	ng)