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(Cit	ty/State/Zip/Phone	2 #N	
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14 MAY -9 PM 2: 43
SECRETARY OF STATE
ALL AHASSET, FLORID.

C. LEWIS

MAY 21 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: <u>Spik</u>	21T MATUR	مل آ	Propues coep.
DOCUMENT NUMBER: _	P1400	∞35365		
The enclosed Articles of Ame				
Please return all corresponde	nce concerning this mat	ter to the following	g:	
	Clau	dia Usme		
Name of Contact Person				n
•	5a	at Natural F	Products	s Corp.
Name of Contact Person Sprit Natural Products Corp. Firm/ Company				
9592 SW 88th St.				
Address				
Miami, Fl 33776				
		City/ State and		
			-1	
		3mc7777e		
r	-mail address: (to be us	sed for future annu	аі герогі	notification)
For further information conc	erning this matter, pleas	se call:		
	Usme	at (786	277 - 9449 ode & Daytime Telephone Number
Name of Con	tact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Flor	ida Dep	artment of State:
\$35 Filing Fee	1\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Certified Cop (Additional co enclosed)	У	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Street	Address
Amendmen				dment Section
Division of P.O. Box 6	f Corporations	Division of Corporations Clifton Building		
Tallahasse			Executive Center Circle	

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment

to

P14 0000 35	ently filed with the Florida Dept. (
	iber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the	following amendment(s
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe		
3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
(muning united MITE DD 711 COT LIN			.
	 		
 If amending the registered agent and/or r new registered agent and/or the new registered. 		a, enter the name of the	
Name of New Registered Agent	••		
	(Florida street address)		
New Registered Office Address:	<u>.</u>	, Florida	·
	(City)	(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)

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.

Example: X Change	<u>PT</u> <u>Joh</u> r	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Glorida M. Rodriquez	P.O. Box #40584
Add		·	Downey, CA 90239
Remove			
2) Change		Gloria M. Radriguez	P.o. Box # 40586
Add			Downey, CA 90239
Remove			
3) Change			
Add			
Remove			
4) Change		· .	·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)				
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C. Luci de Marchine anni		-4!			
f an amendment provides for an exch provisions for implementing the ame	ndment if not co	ation, or cance ntained in the	amendment	itself:	
(if not applicable, indicate N/A)					
	- <u> </u>				
	_				



The date of each amendment(s) adoption:		14 MAY -9 PH 2: 43, if other than th
date this document was signed.		
Effective date if applicable:	05.05.14	SECRETARY OF STALL
	(no more than 90 days after ame	endment file date)
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of vote proval.	s cast for the amendment(s)
The amendment(s) was/were approved by the s must be separately provided for each voting go		
"The number of votes cast for the amenda	ment(s) was/were sufficient for a	pproval
by		,,,
(votin	g group)	
The amendment(s) was/were adopted by the boaction was not required.	pard of directors without shareho	lder action and shareholder
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder	action and shareholder
Dated Os-os. 14	*	
00.1	0	
	ent or other officer – if directors porator – if in the hands of a rece y that fiduciary)	
	claudia Usme.	
	(Typed or printed name of p	person signing)
	President	
	(Title of person sign	ning)