P15000023149

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



000274264690

06/22/15--01042--005 **52.50

TELLED

15 JUN 22 PH 4: 25

PH 4: 25

Lumbrum

JUL 0 1 2015

D CUSHING

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Naturally Dispired Dic. | |
|--|--------|
| DOCUMENT NUMBER: P15000023149 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Debra Strisko Name of Contact Person Naturally Tossized Tox | |
| Firm/Company 500 Sail Lane # 101 | |
| Address Merrith Bland Ft 32953 City/ State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | 五 二 |
| Name of Contact Person Area Code & Daytime Telephone Number | Z 1 |
| Eliciosca is a circox for the rottowing amount made payable to the Librida Department of Mate: | |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$42.75 Filing Fee & ▼1852.50 Filing Fee | ည က |
| Mailing Address Street Address | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ASTO MARIE PARTIES

Articles of Amendment to Articles of Incorporation of

| Nothrally | Dospired al | MC | | |
|---|---|-------------------------|---|-----------------------------|
| (Name of | Corporation as currently | filed with the Florid | a Dept. of State) | |
| P150000231 | 49 | | | |
| | (Document Number of | Corporation (if known | n) | |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation: | 006, Florida Statutes, this F | lorida Profit Corpora | ntion adopts the following | ng amendment(s) to |
| A. If amending name, enter the new nam | ne of the corporation: | | | |
| NA | | | | The new |
| name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati | tion "Corp," "Inc," or "C | o". A professional o | incorporated" or the o corporation name must | abbreviation contain the |
| B. Enter new principal office address, it Principal office address <u>MUST BE A ST.</u> | | | | |
| C. <u>Enter new mailing address, if applic</u> (Muiling address <u>MAY BE A POST O</u> | | | | |
| D. If amending the registered agent and new registered agent and/or the new | | ss in Florida, enter t | he name of the | |
| Name of New Registered Agent | NA | | | _ |
| - | | | | _ |
| | (Florida stree | et address) | | |
| New Registered Office Address: | | City) | , Florida | Code) |
| | •) | <i>y</i> / | (2) | Conc, |
| New Registered Agent's Signature, if cha I hereby accept the appointment as register | anging Registered Agent: red agent. I am familiar wi | ith and accept the obli | igations of the position. | |
| | Signature of New Po- | aistered Agent if chai | naina | _ |

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 | PT | John Doe | |
|-------------------------------|--------------|-------------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | VP | _ handy ? Strisks | 500 Sail Lane |
| Add | | · | # 101 |
| Remove | | | Merrit tolong Fr. 32953 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |

| ttach <i>additiona</i> | al sheets, if necessary). | (Be specific) | | | |
|---------------------------------------|--|---------------------------------------|---------------------------|--|---|
| N/A | | | | | |
| (3/4) | | | | | |
| | | | | · | |
| | | | | | |
| | | | | ······································ | |
| | • | | | | |
| | | _ | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | · | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| -·· | | | | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | .,,==: | | · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · |
| | | | · | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| an amendmen | t provides for an excl | nange, reclassificati | <u>on, or cancellatio</u> | n of issued share: | <u>.</u> |
| rovisions for it | mplementing the ame cable, indicate N/A) | indment if not conta | ined in the amen | dment itself: | |
| (ij noi uppiii | tuoie, maicute 1771; | | | | |
| N/A | | | ··· | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ···· | | · · · · · · · · · · · · · · · · · · · | | | |
| | <u> </u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|---|--|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, a document's effective date on the Department of State's records. | 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 votes cast for the amend by the shareholders was/were sufficient for approval. | ment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required. | eholder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. | ier |
| Dated | |
| Signature Deby | |
| (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other | |
| appointed fiduciary by that fiduciary) | FA 5 |
| Data so Shairka | |
| (Typed or printed name of person signing) | The same of the sa |
| (Types of printed name of person signing) | -0 ini |
| - President | and the second s |
| (Title of nercon signing) | And the same of th |