P15000094074

(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: Spoke Wirth KASEY Which Ma, lethe Correction on the Actoption 8/3/18

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AUG 03 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2018

KASEY BARTHOLOMEW NATURE'S WAY CREATING BETTER DAYS, INC 6601 NW 14TH ST STE 9 PLANTATION, FL 33313

SUBJECT: NATURE'S WAY CREATING BETTER DAYS INC

Ref. Number: P15000094074

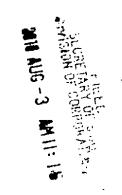
We have received your document for NATURE'S WAY CREATING BETTER DAYS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 118A00015734

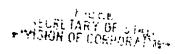
Cheryl R McNair Regulatory Specialist II



Articles of Amendment

to

Articles of Incorporation



NOTHING WALL CRECITI	na Roll	Pr Muic	I AM AUG -	-3 MII: 18
Name of Corpor	ation as currently fi	led with the Florida		ु ख्यााः ।क
DIE(XXX)	NEC NO			
(Doc	cument Number of Co	 orporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:				wing amendment(s)
A. If amending name, enter the new name of the	corporation:			
NIA				TI
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co	". A professional co	corporated" or the orporation name m	The new real abbreviation ust contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		NA	<u> </u>	
				·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	NA		
D. If amending the registered agent and/or regis	tered office address	in Florida, enter th	e name of the	
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent	1/19			
	(Florida street	address)		
New Registered Office Address:			, Florida	
New Registered Office Address.	(Ci	(y)		Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		r and accept the oblig	gations of the positi	<i>อ</i> ช.
	-			
	gnature of New Rem	stered Agent, if chang	ging	
		(3)		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Kal Pfretzschner	6081 Silver King Blv
<u>≭</u> Add			甘303
Remove			Cape Coral, FL 33914
2) Change	S	Taryn L. Nahm	WORLSHVERKING BIND
Add Remove	-	Norman Richter	Cape Coral, FL 33914
3) Change Add	l	190111CHICI	4529 Nakamboyet #1603
Remove			Ft. Myers, FL 33916
4) Change			
Add			·
Remove			
5) Change			4-4-4
Add			
Remove			
6) Change			
Add			
Remove			

If amending or addin Attach additional she	ig additional Artic	des, enter change((Re specific)	s) here:		
Attach addammai she					
· N/iA					
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f an amendment pro					ires,
provisions for imple (if not applicable	menting the amen	oment it not cont	amed in the amei	ioment usen:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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`` (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $07/23/2018$ Signature 2	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Bruce Vance (Typed or printed name of person signing)	
Vice President / Co-Divner (Title of person signing)	
(Title of person signing)	