## P160000023406

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SECRETARY OF STATE
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## **COVER LETTER**

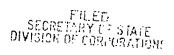
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Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: STRADA SKIN A	AND BODY CARE, INC.		
DOCUMENT NUMI	BER: P16000023406			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIO MOTTA			
		Name of Contact Perso	on .	
		Firm/ Company		
	6750 N ANDREWS AVE, S	TE 200		
		Address		
	FT LAUDERDALE, FL 333	09		
		City/ State and Zip Coo	le	
MAR	C1040@AOL.COM			
***	E-mail address: (to be u	sed for future annual report	t notification)	
For further information	n concerning this matter, pleas	se call:		
MARIO MOTTA		954 at (	752-3889	
Name of Contact Person Area Code & Daytime Telephone No			ode & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment 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)	
	ling Address		Address	
	endment Section		dment Section	
	sion of Corporations	Division of Corporations		
	Box 6327		n Building Evecutive Center Circle	
Tallahassee, FL 32314		2661 Executive Center Circle		

## Articles of Amendment to Articles of Incorporation of



STRADA SKIN AND BODY CARE, INC.			16 MAY -2 PM 2: 38
(Name o	f Corporation as curren	tly filed with the Florid:	a Dept. of State)
P16000023406			
	(Document Number	of Corporation (if known)	)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
BELLA NUTRA INC			74
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ntion "Corp," "Inc," or	"Co". A professional co	The new ncorporated" or the abbreviation or the abbreviation or the contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6750 N ANDREWS	AVE, STE 200
		FT LAUDERDALE, FL 33309	
		6750 N ANDREWS	AVE, STE 200
		FT LAUDERDALE	, FL 33309
D. If amending the registered agent an new registered agent and/or the new			be name of the
Name of New Registered Agent	MARIO MOTTA		The state of the s
	6750 N ANDREWS AV	E, STE 200	
	(Florida s	treet address)	
New Registered Office Address:	FT LAUDERDALE		, Florida 33309
New Registered Office Address:			

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 <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 Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1)Change	P	MARIO MOTTA	6750 N ANDREWS AVE, STE 20	
X Add			FT LAUDERDALE, FL 33309	
Remove				
2) Change	P	STRADA ITALIA USA	23150 FASHION DR, STE 230	
Add			ESTERO, FL 33928	
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<del> </del>			
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

	APRIL 21, 2016		
The date of each amendment	t(s) adoption:		, if other than the
date this document was signed	In		DI SECRETARY
Defeative date if applicables	APRIL 21, 2016		ON TOTAL OF CORPORATIONS
Effective date <u>if applicable</u> :	(no more than	90 days after amendment file date)	16 HAY -2 PM 2: 38
	this block does not meet the app he Department of State's records.	licable statutory filing requirements	*
Adoption of Amendment(s)	(CHECK ONE)		
	re adopted by the shareholders. There sufficient for approval.	he number of votes cast for the amer	ndment(s)
		hrough voting groups. The following to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/w	vere sufficient for approval	
by		, re	
<u> </u>	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directo	ors without shareholder action and sh	areholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators w	ithout shareholder action and shareh	older
APR Dated	IL 21, 2016	<u> </u>	
Signature _	mario Mi	moto	
S		fficer – if directors or officers have n the hands of a receiver, trustee, or of ry)	
	MARIO MOTTA		
	(Typed or printo	ed name of person signing)	,
	PRESIDENT MO	us Mutt	
	(Tit	le of person signing)	