P16000080475

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Estite Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100300119761

06/20/17--01026--005 **35.00



JUN 28 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THOTERAPIA U	SAINC	
DOCUMENT NUMB	ER: P16000080475		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	VICENTE DELGADO		
-		Name of Contact Person	1
i	FITOTERAPIA USA INC		
_		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	10770 NW 138 ST UNIT C4	Į.	
_		Address	
1	HIALEAH GARDENS, FL.	33018	
-		City/ State and Zip Code	e
. A.DEI	.GADO@FITOTERAPIAU	SA.COM	
	-	sed for future annual report	notification)
• For further information	concerning this matter, pleas	se call:at (290-8649
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FITOTERAPIA USA INC		2
(Name of Corpor	ration as currently filed with the Florida Dept. of State)	
P16000080475		3
(Do	ocument Number of Corporation (if known)	1
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following ar	mendment(s) to
A. If amending name, enter the new name of th	e corporation:	

name must be distinguishable and contain the word "corpo." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered." "professional association." or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10770 NW 138 ST UNIT C4
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH GARDENS, FL 33018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10770 NW 138 ST UNIT C4
	HIALEAH GARDENS, FL 33018
1	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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 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>	<u>Addres</u> s	
1) Change	S,D	EVA BOWEN	500 NW 141 AVE UNIT 106	
Add			PEMBROKE PINES	
X Remove			F1. 33028	
2) Change	S,D	PABLO DELGADO GUERRON	10770 NW 138 ST UNIT C4	
X Add			HIALEAH GARDENS	
Remove			FL 33018	
3) Change	T,D	MARIA DELGADO GUERRON	10770 NW 138 ST UNIT C4	
X Add			HIALEAH GARDENS	
Remove			FL 33018	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	Washington Committee of the Committee of
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
<u>provisions for implementing the ame</u>	ndment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	ndment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	ndment if not contained in the amendment itself:
<u>provisions for implementing the ame</u>	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:

•	. 06/06/2017
	The date of each amendment(s) adoption:, if other than the
	date this document was signed.
	Effective date if applicable:
	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 not be listed as the document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
	☐ 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.
	06/06/2017
	Dated
	Signature
	(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)
	VICENTE DELGADO
	(Typed or printed name of person signing)
	P,D
	ι.η

(Title of person signing)