P1600087199

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SECRETARY OF STATE
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COVER LETTER

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Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section
Division of Corporations

NATIVA FRESH ON NAME OF CORPORATION:	CORP	
DOCUMENT NUMBER: P16000087199	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	,
Please return all correspondence concerning this ma	tter to the following:	
LILIANA PELAEZ		
	Name of Contact Persor	l
N/A		
	Firm/ Company	
7500 NW 25 ST 111		
	Address	
MIAMI, FL 33122		
	City/ State and Zip Code	}
arango 157@gmail.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
ORLANDO ACOSTA	305 at (3006411
Name of Contact Person		te & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Address ment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to . Articles of Incorporation of

NATIVA FRESH CORP				
(<u>Name o</u> P16000087199	f Corporation as curren	ly filed with the Florida Dept, of State)		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	Florida Profit Corporation adopts the fo	ollowing amendment(s) to	
A. If amending name, enter the new na INNOVA LATAM CORP.	me of the corporation:		The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation name	the abbreviation must contain the	
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if applicable:		N/A		
		N/A		
(Maining maters MAI DE ATOST	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A	
		N/A		
D. If amending the registered agent an				
new registered agent and/or the nev	<u>v registered office addre</u> N/A	<u>s:</u>		
Name of New Registered Agent				
	N/A			
	(Florida s	reet address)	I/A	
New Registered Office Address:	N/A	, Florida		
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familia	with and accept the obligation of the property		

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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
N/A 1) Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
N/A 2) Change	N/A	N/A	N/A
N/A Add	····		N/A
N/A Remove			N/A
N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
N/A 4) Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
N/A 5) Change	N/A	N/A	N/A
N/A Add	4	- Addition of the second of th	N/A
N/A Remove			N/A
N/A 6) Change	N/A	N/A	N/A
N/A Add	····		N/A
N/A Remove			N/A

E. If amonding or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

	N/A	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing a epartment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast ufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cas	for the amendment(s) was/were sufficient for appro-	val
	•	
by		"·
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action	n and shareholder
06/02/201	₹	
Dated		
Signature		
(By a	director, president or other officer - if directors or of	ficers have not been
select	ed, by an incorporator - if in the hands of a receiver,	
appoi	nted fiduciary by that fiduciary)	
	ALEJANDRO ARANGO	
	(Typed or printed name of person signing	og)
	VP	
	(Title of person signing)	