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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODROD	ATION: NEW CE	NITURY PRO	OBINTICS FUC	
DOCUMENT NUMBI	ER: P17 0000	27/02		
The enclosed Articles q	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	JOHN	HALPIN	,	
_		Name of Contact Person	n	
-		Firm/ Company		
.4	11 NOKTY	Address		
<u>.</u>	II NORTH WARREN		07059	
		City/ State and Zip Cod		
10	HN. CRNYC	NLINEQ	9MAIL. COM	1
	n-man address; (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JOHN	HAGIN	at (908	787-6618	7
Name of	Contact Person		de & Daytime Telephone Number	=
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	-4
\$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	19 13 13

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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

Articles of Amendment

Articles of Incorporation

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New CENTURY	PROBIOTICS TWC	
(Name of Corp.	ocration as currently filed with the Florida Dept. of S	ta <u>te</u>)
1170000 27/0)2	
	Ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
NLA		The new
	icable: N/A	" or the abbreviation
(Francipal office undress <u>artes) by A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered agent.	egistered office address in Florida, enter the name of tered office address:	the
	113	
	(Florida street address)	7 (A)
New Registered Office Address:	, Flor	ida 完整
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: gent - I am familiar with and accept the obligations of th	w Position.
NIA	Signature of New Registered Agent, if changing	
	TO SECURITION OF THE SECURITION OF SECURITION OF SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE	

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: \underline{X} Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	llv Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
Add		`	
Remove			
2) Change	<u></u>		
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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				ation, or cancella				_
	ot applicable,	indicate(N A)		HARES		The	CORPOR	1170 W
				ANGES				
Ch ARES	76	1,000,	000 (ONE MI	LLON	SA	ARES.	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: 6/26/17 (no more than 90 days after amendm	
tho more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendments was were adopted by the shareholders. The number of votes cas by the shareholders was were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on th	
"The number of votes east for the amendment(s) was/were sufficient for appro	val
bv	
(voting group)	<u> </u>
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder
Dated6/26/17	
Signature Walter L	
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
WAURR RICEX	•
(Typed or printed name of person signi	រតិ)
WATER RICEX (Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	