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COVER LETTER

TO: Amendment Section Division of Corporations ۵ NAME OF CORPORATION: Mirade Leaf Pure Premium Kratom 1700006880 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donny Past Name of Contact Person Firm/ Company For further information concerning this matter, please call: at (313) 575-7447 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

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Mailing Address

S35 Filing Fee

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

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

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Certificate of Status

Articles of Amendment

to Articles of Incorporation of

Miracle Leaf Pare Premium	Kratom Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 170000688	807
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Nast Distributions Inc	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 12
(= :-
	0,0
D. 16 amount to market and the second	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
111	Δ_
Name of New Registered Agent / /	<u> </u>
(Florida stree	of address)
New Registered Office Address:	, Florida
(6	City) (Zip Code)
Non-Designation of August 2 Cincolner 26 August 2 Designation of August 2	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
. 1	1.
<u></u>	Sistered Agent, if changing
Signature of New Rey	zistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	A E C
The amendment(3) is are being fried pursuant to 3, 007,0120 (11) (c	f_{i} i . G

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)

Example:

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		MA	
Add			
Remove			
2) Change		_ NA	
Add			
Remove 3) Change		NA	
Add			
Remove		1	
4) Change		$\mathcal{L}_{\mathcal{A}}$	
Add			
Remove		1.	 .
5) Change		_ MA	
Add			
Remove			
6) Change		NA	
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	, , I A			
		MA			
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		_			<u> </u>
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		<u> </u>			
f an amendment provides for an exch	iange, reclassific	ation, or cancella	ation of issued	shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament ii not co	ntained in the ar	nenament itse	<u>11:</u>	
,	NIA	_			
· · · · · · · · · · · · · · · · · · ·		.	 -		
	-				
······					

The date of each amendment(s) add	option: 6/17/20	, if other than the
date this document was signed.	clipha	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	nt file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing rartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast icient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. 7 ach voting group entitled to vote separately on the	
	or the amendment(s) was/were sufficient for appro	val
by	(voting group)	^{**}
	(voting group)	
Dated	6/17/20	
Signature) n/h	
(By à dir i selected	ector/president or other officer – if directors or off by an incorporator – if in the hands of a receiver, i	ficers have not been
appointe	d fiduciary by that fiduciary)	irusice, or other court
_	(Typeder printed name of person signin	
	(Typed or printed name of person signin	g)
_	President	
	(Title of person signing)	