P18000011103

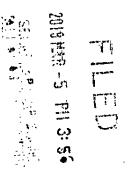
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

MAR - 9 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: NATURE'S WEAK	TH FOOD DISTRIBUTION	ON CORP		
DOCUMENT NUMI			· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	WLEIDIA LISBOA				
		Name of Contact Person	1		
	NATURE'S WEALTH FOOD DISTRIBUTION CORP				
		Firm/ Company			
	19065 NW 86TH AVE				
		Address			
	MIAMI, FL 33015				
		City/ State and Zip Cod	E		
PRET	ralisboa01@gmail.com	(
	_	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
WLEIDIA LISBOA		954 at (451-7959		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center		Iment Section on of Corporations Building Executive Center Circle			



February 22, 2018

WLEIDIA LISBOA NATURE'S WEALTH FOOD 19065 NW 86TH AVE MIAMI, FL 33015

SUBJECT: NATURE'S WEALTH FOOD DISTRIBUTION CORP

Ref. Number: P18000011103

We have received your document for NATURE'S WEALTH FOOD DISTRIBUTION CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850),245-6050.

্রিট্র [rene:Albritton Regulatory Specialist II

Letter Number: 418A00003759

Articles of Amendment to Articles of Incorporation of

		~
Articles of An	mondment 20/2	
to		
Articles of Inco	orporation	18 10 m
NATURE'S WEALTH FOOD DISTRIBUTION CORP	4,4	
(Name of Corporation as currently	y filed with the Florida Dept. of State)	<i>?</i> , <i>o</i> , <i>o</i> ,
P18000011103	·	
(Document Number of	Corporation (if known)	TO THE RESERVE OF THE PERSON O
Pursuant to the provisions of section 607.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
	The new	
tame must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp," with abbreviation "Inc," or the abbreviation "Inc," or "Corp." or "Corp." or "Inc," or "Corp." or "Corp	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	6848 NW 77TH COURT	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33166	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining dauress MAT BE AT UST OFFICE BUX)		
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	<u>i</u>	
Name of New Registered Agent		
(Florida str	oot address)	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.	
Signature of New R	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.

Example:

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>P</u>	WLEIDIA LISBOA	19065 NW 86TH AVE
X Add			MIAMI, FL 33015
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			***************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	,
F. <u>If an amendment provides for an e</u> xch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days ofter amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east f by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the e	e following statement amendment(s);
"The number of votes east for the amendment(s) was/were sufficient for approve	ıl
(voting group)	"
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Signature (By a director, president or other officer - if directors of officeled, by an incorporator - if in the hands of a receiver, tr	cers have not been usice, or other court
appointed fiduciary by that fiduciary)	
WLEIDIA LISBOA	
(Typed or printed name of person signing)
President	
/Title of porcon righting)	