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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Native Nutrition, I	nc.			
DOCUMENT NUM	4BER:				
	es of Amendment and fee are su				
Please return all corr	respondence concerning this ma	itter to the following:			
	Donna Andrus				
		Name of Contact Perso	n		
	Native Nutrition, Inc.				
		Firm/ Company			
	650 Cleveland Street, Unit 4	1			
	Address				
	Clearwater, FL 33757				
		City/ State and Zip Cod	<u> </u>		
		,			
don	naandrus l@aol.com				
	E-mail address: (to be u	sed for future annual report	notification)		
for further informati	on concerning this matter, plea	se call:			
Donna Andrus		727	643-1171		
Name	e of Contact Person	ntact Person Area Code & Daytime Telephone N			
Enclosed is a check :	for the following amount made	payable to the Florida Depa	ortment of State:		
	_	_	_		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee &	□\$52.50 Filing Fee Certificate of Status		
	Certificate of Status	Certified Copy (Additional copy is	The state of the s		
		enclosed)	(Additional Copy		
		chervacay	is enclosed)		
Mailing Address		Street	Address		
	nendment Section		Iment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			Building		
		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Native Nutrition, Inc.

2018 JUL 18 PM 2: 10

(Name of Corporation as currently	filed with the Florida Dept. of SECORETARY OF STATE
P18000032037	TALLAHASSEE.FLORIDA
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
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
Name of New Registered Agent	
(Florida stree	e and the const
(Furrate Sirve	(duar Coo)
New Registered Office Address:	Tiv) (Zip Code)
AC.	ny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	h and accept the obligations of the position.
Signature of New Reg	gistered 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	<u>PT</u>	John Doc		
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>	Address	
1) Change	V	Nikolas Beau Reifer	650 Cleveland Street, Unit 41	
Add			Clearwater, FL 33757	
x Remove				
2) Change	<u>v</u>	Donna Andrus	650 Cleveland Street, Unit 41	
x Add			Clearwater, FL 33757	
Remove			<u></u>	
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

-	
ancellation of issued sha	ires
the amendment itself:	
<u>-</u>	<u> </u>
<u>c</u> n	cancellation of issued sha n the amendment itself:

The date of each amendment(s) :	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	0)
	oproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent.
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	т
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/13/201	8	
Dated Signature	1 Musa andres	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cour need fiduciary by that fiduciary)	t
	Donna Andrus	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	