

P18000049803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED JUN 27 2018

FILED  
2018 JUN 27 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN  
JUN 28 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Hempix Naturals Corp

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Diaz  
Name of Contact Person

Hempix Naturals Corp  
Firm/ Company

1886 Macklin St. NW  
Address

Palm Bay FL 32907  
City/ State and Zip Code

Diaz Stephen 46@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Diaz at ( 321 ) 890 3104  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2018

STEPHEN DIAZ  
1886 MACKLIN STREET NW  
PALM BAY, FL 32907

SUBJECT: HEMPIX NATURALS CORP  
Ref. Number: P18000049803

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 818A00012753

RECEIVED  
18 JUN 21 PM 12:04  
TALLAHASSEE  
DIVISION OF STATE  
CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

Hempix Naturals Corp  
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *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 name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

~~1586 Macklin St NW  
Atlanta Ga 30307~~

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |                  |                     |                          |
|---|------------------|---------------------|--------------------------|
| 1) <input type="checkbox"/> Change      | <u>P, T, CFO</u> | <u>Stephen Diaz</u> | <u>1886 Macklin St</u>   |
| <input checked="" type="checkbox"/> Add |                  |                     | <u>Palm Bay FL 32907</u> |
| <input type="checkbox"/> Remove         |                  |                     |                          |
| 2) <input type="checkbox"/> Change      |                  |                     |                          |
| <input type="checkbox"/> Add            |                  |                     |                          |
| <input type="checkbox"/> Remove         |                  |                     |                          |
| 3) <input type="checkbox"/> Change      |                  |                     |                          |
| <input type="checkbox"/> Add            |                  |                     |                          |
| <input type="checkbox"/> Remove         |                  |                     |                          |
| 4) <input type="checkbox"/> Change      |                  |                     |                          |
| <input type="checkbox"/> Add            |                  |                     |                          |
| <input type="checkbox"/> Remove         |                  |                     |                          |
| 5) <input type="checkbox"/> Change      |                  |                     |                          |
| <input type="checkbox"/> Add            |                  |                     |                          |
| <input type="checkbox"/> Remove         |                  |                     |                          |
| 6) <input type="checkbox"/> Change      |                  |                     |                          |
| <input type="checkbox"/> Add            |                  |                     |                          |
| <input type="checkbox"/> Remove         |                  |                     |                          |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**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)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6/25/18

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stephen Diaz  
(Typed or printed name of person signing)

D.T. CFO  
(Title of person signing)