P18000065943

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SECRETANT OF STATE

Amend

JAN 1 5 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

notraceuticals NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Emerge notraceuticals
Firm/Company E-mail address? (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

Emerge Nutrace	uticals inc
(Name of Corporation as currently	iled with the Florida Dept. of State)
P180000 6594	3
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	•
name must be distinguishable and cortain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coward "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 MUST BE A STREET ADDRESS)	
(Frincipal office address wost of a strain fill office of	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ED 3 PE D
D. If amending the registered agent and/or registered office address	s 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 itv) (Zip Code)
10	inty (into code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	· -
Signature of New Reg	istered 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 Do	<u>e</u>	
\underline{X} Remove	<u>V</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address .
1) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change				
, Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
O C				
6)Change		- - -		
Add				
Remove				

If amending or adding (Attach additional sheet	s, if necessary). (Be	specific)		
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If an amendment prov	ides for an exchange.	reclassification, or c	ancellation of issued sh	ares.
provisions for implen (if not applicable,		nt if not contained in	the amendment itself:	
		, ~, ,		•
<u> please</u>	Change	to 200	Snares	
1	U			
-				
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- -				
		 	•	
				•

The date of each amendment(s) adoption:	_, if other than the
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	not be listed as the
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	
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)	
Taniqua Medina (Typed or printed name of person signing)	
(Title of person signing)	