5 Y (Requestor's Name) (Address) 700320389717 (Address) (City/State/Zip/Phone #) 11/05/18--01009--010 ++43.75 PICK-UP **]** WAIT MAIL (Business Entity Name) (Document Number)

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COVER LETTER

T ():	Amendment	Section
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Division of Corporations

NAME OF CORPORATION: _____Native Land Solutions Inc

DOCUMENT NUMBER: P18000067475

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

Please return all correspondence concerning this matter to the following:

Juan Yanes

Name of Contact Person

Native Land Solutions Inc

Firm/ Company

600 West 84 Street

Address

Hialeah FL 33014

City/ State and Zip Code

nativels@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Juan Yanes
 at (⁷⁸⁶)
 263-1142

 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:

□ \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) æ

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Native Land Solutions Inc.

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

P18000067475

(Document Number of Corporation (if known)

The new

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:

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."

В.	Enter new principal office address,	if applicable:	600 West 84 Street			
	incipal office address <u>MUST BE A S</u>		Hialeah FL 33014			_
C	Enter new mailing address (Caroli	un bloc			18	-
C.	Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		600 West 84 Street	22	NOV	71
			Hialeah FL 33014	SSE	ပ်	Ē
				E ST	MM	_0
D.	If amending the registered agent an new registered agent and/or the new			ne of the	J: 22	•
	Name of New Registered Agent	Juan M. Yanes				
		600 West 84 Street				
		(Flori	ida street addressj			
	<u>New Registered Office Address:</u>	Hialeah		, Florida 33014		
			(City)	(Zip Co	(de)	

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.

24
Signature of New 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	<u>PT</u>	John Doe	
<u>X</u> Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		• • • • • • • • • • • • • • • • • • • •	
Add			
Remove			
4) Change	- <u></u>		
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

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

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)

	10-30-2018	10 and to the set
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
10-30-2	2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date timent of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) fient for approval.	
	ed by the shareholders through voting groups. <i>The following statement ch voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
10-30-2018		
Dated		
	41-1	
Signature	tor, president or other officer - if directors or officers have not been	·
	y an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
Ju	an Yanes	
—	(Typed or printed name of person signing)	
Pro	esident	
_	(Title of person signing)	<u> </u>