118000087309

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COVER LETTER

TO: Amendment Section

Division of Corporations NATURES PHAM INC NAME OF CORPORATION: P18000087309 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GUSTAVO RODRIGUEZ** Name of Contact Person TAX HOUSE MIAMI Firm/ Company 301 NE 79TH STREET #2 Address MIAMI FL 33138 City/ State and Zip Code JACQUI@TAXHOUSEMIAMI.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GUSTAVO RODRIGUEZ** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

NATURES PHARM INC

(Name of Corporation as currently filed with the Florida Dept. of State) P18000087309

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this FL its Articles of Incorporation:	orida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
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 MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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
Wew Registered Office Hadress. (C	iy) (Zip 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
t nereny accept the appointment as registered agent. I am jaminar wit	i and accept the ourigations of the positions
Cinnatura of Many Pura	istand Agant 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	STEVEN POLANSKI BAEZ ARIAS	132 SUNWARD RUN
X Add			DAVENPORT FL 33896
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			-
Remove			

ach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
·		
·		
n amendment provides for an exc	hange, reclassification, or cancell	ation of issued shares,
ovisions for implementing the am	endment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)		
50% of sho	ures should No	in be a located
1 1/2 01	01 1:3	Arias.
to VP Steven	rolanski Dazz	ATRICIOS.
		

	DECEMBER 12, 2018	
The date of each amendment(s) adoption this document was signed.	tion:	, if other th
DECE	иВЕК 12, 2018	
Effective date <u>if applicable</u> :	, , , , , , , , ,	C L CL L
	(no more than 90 days aft	ter amenament file date)
Note: If the date inserted in this bloc document's effective date on the Depa		utory filing requirements, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffi		of votes east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting has been children to vote separately the separately to vote separately the votes are separately the vote	
"The number of votes cast for	the amendment(s) was/were sufficient	nt for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without s	hareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without sharel	holder action and shareholder
DECEMBI	ER 12, 2018	
Dated		
Signature Once	ing danith	
Signature (By a dire	etor, president or other officer – if dir	ranture or officer have not been
` -	by an incorporator – if in the hands of	
	fiduciary by that fiduciary)	
	OMAIRA LA	NZOFF
_	(Typed or printed name of p	person signing)
	PRESIDENT	
	(Title of person :	signing)