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Amend cc/ai=

APR 1 8 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: <u>Matureworx Botanicals</u> Co. DOCUMENT NUMBER: <u>P190002117</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: tureworx Botanicals Co. 5619 Satel Drive bryonrhaur @ amail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy 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

Articles of Amendment

to Articles of Incorporation of

Articles of A	
to Articles of In	_
of	
Naturworx Botanical's	o Corp. Was its
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000031171	20
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Natureworx Botanicals (`` ∟O. The new
name must be distinguishable and contain the word "corporation" Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	5619 Satel Drive
(Principal office address MUST BE A STREET ADDRESS)	Orlando Flus 32810
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5619 Satel Drive
	Orlando, FL US 32810
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>181.</u>
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Number of Agent's Signature if shanging Degistered Agen	
New Registered Agent's Signature, if changing Registered Agen 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

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:	., или гли	in smill, in as an made	
X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	<u>Title</u>	Bruce Feuster	Address 3896 Picciola Road #141
Remove			Fruitland Park FLUS 34
2) Change Add Remove			
3) Change Add Remove			
4) Change Add			
Remove Change Add			
6) Change Add			
Remove			

ttach	h <i>additional sh</i>	neets, if necesso	ary). (Be sj	pecific)				
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(if not applicat	ble, indicate N	/A)				_	
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	Bruce	. Feus	tel		3 000			
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The date of each amendment(s) ado	ption:	24/16	12019		, if other than th
late this document was signed.		,			
Effective date if applicable:	(no	more than 9	0 days after amendme	ent file date)	
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
Note: If the date inserted in this block document's effective date on the Department.	ck does not me artment of State	et the applic s records.	able statutory filing	requirements, this date v	vill not be listed as th
Adoption of Amendment(s)	(CHECK	ONE)			
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the sharel	nolders. The ral.	number of votes case	for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ed					
"The number of votes cast fo	r the amendmen	ıt(s) was/wer	e sufficient for appro	val	
by Bryon Haur, T	Trou Gari	lock B	ruce Feuste	1	
oy <u>5 10 </u>	(voting gr	roup)		<u></u> ,	
☐ The amendment(s) was/were adopt action was not required.	ted by the board	of directors	without shareholder	action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorp	porators with	out shareholder actio	n and shareholder	
Dated 04/1	0/2019				
2					
Signature)(\(\)	or other office	er – if directors or of	Figure have not been	
				trustee, or other court	
	d fiduciary by th				
	Bryon	Had	name of person signin		
_	Турс	d or printed	name of person signir	ng)	
	Presid	dent			

(Title of person signing)