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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CENTER FOR NA	FURAL INTEGRATED L	EARNING, INC.		
	BER:				
	of Amendment and fee are sub	mitted for filing.			
Please return all corres	spondence concerning this matt	er to the following:			
	LAUREL A. COLGATE PRI	ESIDENT			
	Name of Contact Person				
	CENTER FOR NATURAL IS	STEGRATED LEARNING	ANC		
		Firm/ Company			
	1301 HIALEAH ROAD				
		Address			
	SARASOTA, FLORIDA 34244				
		City/ State and Zip Code	2		
Cente	erfornil@gmail.com				
		ed for future annual report	notification)		
	,,,				
For further informatio	n concerning this matter, please	e call;			
LAUREL A. COLGA	(TH	at (<u>941</u>	961-0976		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CENTER FOR NATURAL INTEGRATED LEARNING, INC.

oration (if known) Ta Profit Corporation adopts the following amendment(s) t
a Profit Corporation adopts the following amendment(s) to
The new
ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
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2019
AUG E
2.1 N press
<u> </u>
Florida, enter the name of the
<u> </u>
tress)
Florida
(Zip Code)

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	S	SYDNEY WALTERS	6535 GOLDFINCH STREET
$\frac{X}{Add}$			SARASOTA, FLORIDA 34241
Remove			
2) Change	<u>V</u>	LAUREN WATSON	10460 ROSEVELT BLVD NORTI
X Add			ST. PETERSBURG, FL 33716
Remove			
3) Change	VT	MARK D HEMBER	10151 SOMMERS ROAD
Add			SARASOTA, FLORIDA 34240
X Remove			
4) X Change	· <u>T</u>	LAUREL A. COLGATE	1301 HIALEAH ROAD
Add			SARASOTA, FLORIDA 34241
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA NA
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)
NA
;

The date of each amendment(s) adop	otion:, if other than the
date this document was signed.	
	15, 2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 70 days type this manager are a
Note: If the date inserted in this bloc document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were approx must be separately provided for ea	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
• = •	(voting group)
	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder
August 15, 20	919
Dated	
	quel a. Colgate
Signature (Pu e dim	ector, president or other officer f if directors or officers have not been
(by a une selected 1	by an incorporator – if in the hands of a receiver, trustee, or other court
	I fiduciary by that fiduciary)
I.a.	AUREL A. COLGATE
-	(Typed or printed name of person signing)
Pl	RESIDENT
_	(Title of person signing)