## P190000

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VITAL PET NUTRIENTS, INC.
DOCUMENT NUMBER: <u>\$19000033665</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the fallowing:
Derailo PATENCIO.
Name of Contact Person
ENPIERIA SNUP
Firm/Company
110 SEBTH STREET 174 POOR
Address
100 Layder (1018 17 . 3330)
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
n-man address. (to be used for future annual report normeacton)
For further information concerning this matter, please call:
Leson de Varreiro 954 600-6276
Described 14/12/00 at 954, 600 62/10
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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing 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  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Atticles of Am	entinent
Articles of Inco	poration /FILED
Wital fet No	UTRIENTS, INC.
(Name of Corporation as currently	filed with the Floridal Benil of State
D19000036	60 NALES BANKS 1 500 TE
(Document Number of C	Corporation (if knowlp) LLAFIA SYLL, ILUATOR
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
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.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Bry De Hollywood Pl zico
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	230 NO ESM DIVIN HOLINGER
D. If amending the registered agent and/or registered office addres	Hollywood 9 32020
new registered agent and/or the new registered office address;	is in Florida, enter the name of the
new registered agent and or the new registered white address,	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:(C	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
<del></del>	ristarad Agant if changing
Statistical of None Ray	71 CORPORT ALCOHOL 1 C 11

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	PT John Do	<u>vc</u>	•
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
_X Add	<u>SV</u> <u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Sect	Alla J. Chen	Buld 95 Hood
Ņdd			Buld 95 to
Remove			SINDISC, F133388
2) Change	VP	Spd F. Ahmed	13301 SW 42 NJStree
Add			DAVIE, PT 533-80
Remove			
3 ) Change			
Add			
Remove			
4) Change			•
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
-				
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	_,			
		<u></u>	<u>.</u> .	
			•	
f an amendment provides for an exch	nange, reclassification, o	r cancellation of iss	ued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment	<u>itself:</u>	
<del>.</del>				<del></del>
			<del></del>	

The date of each amendment(s) ado	ntian	9-26-201	7	, if other than the
date this document was signed.	рион	7_20_3		If other than the
Effective date <u>if applicable</u> :			_	·
	(no more	than 90 days after amendme	ent file date)	
Note: If the date inserted in this blo document's effective date on the Department			requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE	)		
The amendment(s) was/were adopt by the shareholders was/were suffi		s. The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea				
"The number of votes cast fo	r the amendment(s) w	as/were sufficient for appro-	val	
by				
	(voting group)			
☐ Thetendment(s) was/were adopt ac ≥n was not required.	ed by the board of dir	rectors without shareholder a	action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporator	rs without shareholder actio	n and shareholder	
Dated	10-7-7	7019		
Signature				
(By a dire selected."		er officer = if directors or of if in the hands of a receiver. uciary)		
_		rinted name of person signir	<u>CIÙ</u>	<del></del>
	Dr. e	ess de T	[B]	
_	T .	(Title of person signing)		<del></del>