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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:NATURAL HEAL	ING SOLUTION INC	
DOCUMENT NUMB	010000012502		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
1	CARMEN CUENCA		
·	CC ACCOUNTING CO	Name of Contact Persor	1
		Firm/ Company	
	1204 NW 69TH TERRACE !	• •	
	_	Address	
	GAINESVILLE, FL, 32605		
•		City/ State and Zip Code	e
carme	n@ccuenca.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CARMEN CUENCA		at (3317841
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATURAL HEALING SOLUTION INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P19000042593		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	orida Profit Corporation adopts the following ame	ndm
A. If amending name, enter the new name of the corporation:		
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 conta 	ne iatio in th
B. Enter new principal office address, if applicable:	· ·	2
(Principal office address MUST BE A STREET ADDRESS)	TAL.	20119 SEP
		P ω
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27. 27. 27. 11.	-) Ph
(3711111) unuress <u>2021 1921 (371 1921 (371 1921</u>)	1-	70.1
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	<u> </u>
Name of New Registered Agent		
 tFlorida stres	t addressi	
	•	
New Registered Office Address:	Tity) , Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	

P = President; V = Vice Executive Officer; CFO held, President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	lirector tite Presiden Chief Chief din the for	le by the first letter of the office title: 1; T= Treasurer: S= Secretary; D= Direction Financial Officer. If an officer/director has been directed by would be PTD. Howing manner. Currently John Doe is I corporation. Sally Smith is named the V and the V	ctor: TR= Trustee: C = Chairman or Clerk; CEO holds more than one title, list the first letter of cac listed as the PST and Mike Jones is listed as the V. and S. These should be noted as John Doc, PT as a	
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
X Change	D	ROSIAS, RHAYZA	13574 VILLAGE PARK DR. 250	
Add			ORLANDO, FL 32837	
Remove				
2) X Change	D	ARNAUD, ELIZABETH M	13574 VILLAGE PARK DR. 250	
Add			ORLANDO, FL 32837	
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Add				
Kemove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nat

address of each Officer and/or Director being added:

	•	Be specific)			
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09/26/2019	
The date of each amendment(s) adoption:	, if other t
date this document was signed.	
09/26/2019	
Effective date if applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed ords.
Adoption of Amendment(s) (CHECK ONE	
■ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group enti-	ers through voting groups. The following statement ded to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) w	ras/were sufficient for approval
by	· ·
by(voting group)	
☐ The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
09/26/2019	
Dated	
Signature Signature	
(By a director, president or oth	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)
CARMEN CUENCA	
(Typed or p	rinted name of person signing)
Registered Agent	
	(Title of person signing)