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(Red	questor's Name)	
(Add	dress)	
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SEP 27 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Andean Nutrition,	lne.		
	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Andrea A. Mayer			
-		Name of Contact Person	1	
	Andean Nutrition, Inc.			
-		Firm/ Company	***************************************	
	810 SE 8th Ave, Suite C	, ,		
,		Address		
•	Deerfield Beach, FL 33441			
•		City/ State and Zip Cod	e	
andrea	i.alvaro@exandal.com			
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Andrea A. Mayer			504-7080	
Name of Contact Person Area Code & Daytime		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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			Address	
	ndment Section	Amendment Section		
	sion of Corporations Roy 6327		on of Corporations Ruilding	
P.O. Box 6327 Tallahassee FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Andean Nutrition, Inc.				
(Name of Corporation as curr	ently filed with the Florida De	pt. of State)		
P19000067006				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, t is Articles of Incorporation;	his Florida Profit Corporation	adopts the following	ng amendment	(s) 1
A. If amending name, enter the new name of the corporation	<u>:</u>			
Andean Nutrition Corporation			The new	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corpo			
B. Enter new principal office address, if applicable:		(7) (7)	20	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		A.C.	S) makes	
			5 17 "	
		₹+; €0 * F1;	2 (1)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		50	0	
		<u></u>	- ਜ	
		;	<u> </u>	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		ame of the		
Name of New Registered Agent				
(Florid	u street address)		_	
Variable day and Oliver (11 hours)		Clanida		
New Registered Office Address:	(City)	Florida <i>(Zip</i>	Code)	
New Registered Agent's Signature, if changing Registered Ag				
I hereby accept the appointment as registered agent. I am famil.	iar with and accept the obligation	ons of the position.		
Signature of N	w 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change	****		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · · · = · ·		
Add			
Damara			

	idding additional Ar I sheets, if necessary).	. (Be specific)			
					
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				· · · · · · · · · · · · · · · · · · ·	
	t provides for an exc	change, reclassifica	tion, or cancellation	n of issued shares,	
f an amendmen		<u>iendment il not con</u>	tained in the amen	ament itself:	
provisions for i	mplementing the am				
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	09/06/2019	
	adoption:	, if other than the
date this document was signed.		
	9/06/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man so days after amenament factatio)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	vent
	ast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder	ler
action was not required.	adopted by the meorporators without shareholder action and shareholder	
09/06/20 Dated	019	
Signature O	ndrea Alvaro	
(By sele	a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other combined fiduciary by that fiduciary)	
	Andrea A. Mayer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	