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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Naturelle Food Inc DOCUMENT NUMBER: <u>P20000004789</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Moustafa Elsehrawy Name of Contact Person Firm/ Company 7950 NW 53RD STREET, SUITE 337 Address MIAMI, FL 33166 City/ State and Zip Code moustafa@naturellefood.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (305 _____) 490-1173 _____ Area Code & Daytime Telephone Number Moustafa Elsehrawy Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■\$43.75 Filing Fee & ■\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Naturelle Food Inc

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Naturelle Food Inc	7 1 100 111 - 1
(Name of Corporation as current	tly filed with the Florida Dept. of State) 43
P20000004789	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
1/A	m,
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIA
C. Enter new mailing address, if applicable:	11/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-N(A
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent N (A	
•	
(Florida si	treet address)
New Registered Office Address: NIA	, Florida
New Registered Office Address. 1844	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
NIA	
Signature of New I	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>79</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>-</u> <u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	HUDA H ALBALAWI	7950 NW 53RD STREET
XAdd		•	SUITE 337
Remove			MIAMI, FL 33166
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
MIA	
	
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	<u> </u>
	·
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
,,	

The date of each amendment(s) a	doption:	if other than the
date this document was signed.	•	
Effective date if applicable:		
Enective date a applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	ı(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
bv		
-:	(voting group)	
Signature(By a c selecto	director, president or other officer – if prectors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary) MOUSTAFA ELSEHRAWY (Typed or printed name of person signing) CEO	
	(Title of person signing)	