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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The NATURE Touch 12c.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
The NATURE Touch, INC. Firm/ Company
26001 S.W. 187 Avenue
Address  Homestead FL 33130  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Louise Davis  Name of Contact Person  at (305) 772-6813  Area Code & Daytime Telephone Number
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
Mailing Address  Amendment Section  Division of Corporations  Street Address  Amendment Section  Division of Corporations

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

THE NATURE TOUCH, INC.

(Name of Corporation as current	tly filed with the Florida De	pt. of State	/ AM /:
V72005		• • •	
(Document Number	of Corporation (if known)	1,	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation	adopts the following am	nendment(s
If amending name, enter the new name of the corporation:			
NIA		The	e new
ame 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		
Enter new principal office address, if applicable:	NIA		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	( , ,		
	<del></del>		<del></del>
	<del> </del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N_/ A		<del></del>
	***************************************		
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		ame of the	
Name of New Registered Agent N/A	_		
Name of New Registered Agent (V)	· <del>.</del>	<del></del>	
Elouida et	reet address)		
(1 10) taa 54	reet addressy		
New Registered Office Address: N/A	(City)	Florida (Zip Code,	 1
	(City)	(Zif) Civie)	,
w Registered Agent's Signature, if changing Registered Agen	t:		
ereby accept the appointment as registered agent. I am familiar		ons of the position.	
N. / A			
N / A	Registered Agent, if changing		
Signature of tvew t	regimeren rigem, ij enanging		
heck if applicable			
The amendment(s) is/are being filed pursuant to s, 607.0120 (11)	) (e), F.S.		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	William Scott Davis	26001 SW 127 Ave Homistead FL 33031
,X_ Add			Homistead FL 35031
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	<del></del> .		
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5) Change			
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			esification on con	aallatian afiasua	d shares	
an amandma	implementing th	ne amendment if n	ot contained in th	e amendment it:	self:	
an amendme	1	VA)			<del></del>	
an amendme rovisions for (if not app	licable, indicate N					
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The date of each amendment(s) adoption:	, if other than th
•	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Louise A. Davis (voting group)	
(voting group)	
Dated / 6-2023	
Dated / 6-2023 Signature Catin C	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	