## P20000074744

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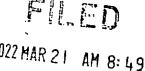
**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ Healthy Natural Solutions Corp. DOCUMENT NUMBER: P20000074744 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Teresa Bejarano Name of Contact Person Healthy Natural Solutions Corp. Firm/ Company 4151 Coral Tree Circle #155 Address Coconut Creek, Fl 33073 City/ State and Zip Code ahealthynaturalsolutions@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (754 ) 242-3708

Area Code & Daytime Telephone Number Maria Teresa Bejarano 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 S35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

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



Healthy Natural Solutions Corp.

(Name of Corporation as currently filed with the Florida Dept. of State) P20000074744 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: A Healthy Natural Solutions Corp. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Lip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered Agent, if changing

Check 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)

Example:

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 = ChiefExecutive 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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	<del>-</del>	<u> </u>			<u> </u>
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Remove				· 	<u>.                                    </u>
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Attach additional sheets, if necessary)	rticles, enter change( ). (Be specific)			
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f an amendment provides for an ex	rehange reclassificat	ion or cancellation	of issued shares	
provisions for implementing the ar	<u>mendment if not cont</u>	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				•
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The date of each amendment(s) a date this document was signed.	doption:		, if other than the
Effective date <u>if applicable</u> :	(no many those (10) do	iys after amendment file date)	
	(no more than 90 ad	ys after (imenument file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable epartment of State's records.	e statutory filing requirements, this date	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 boar	d of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The nu ufficient for approval.	mber of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through each voting group entitled to vote	h voting groups. The following statement separately on the amendment(s):	น
"The number of votes cas	t for the amendment(s) was/were si	ufficient for approval	
by		·"	
	(voting group)		
March 17 Dated	th, 2022		
Signature	Lanaveres a Bera	- yauo	•
(By a c select	livector, president or other officer -	- if directors or officers have not been ands of a receiver, trustee, or other court	
	Maria Teresa Bejarano		
	(Typed or printed name	ne of person signing)	
	President		
	(Title of person signin	ng)	