P050000033501

Florida Department of State

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 11 PM 3:40
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

INTERNATIONAL HEALTH & LIFE, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	$35.00

RECEIVED 2009 SEP 11 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

INTERNATIONAL HEALTH & LIFE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000033501

(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:

_____ N/A _____ *The new 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."*

B. Enter new principal office address, if applicable: NA _____
(Principal office address MUST BE A STREET ADDRESS)   N/A _____

    N/A _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)   N/A _____

    N/A _____
    N/A _____

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: N/A _____

    N/A _____
New Registered Office Address: *(Florida street address)*

    N/A _____, Florida_____
      (City)   *(Zip 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

Page 1 of 3

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)

Title	Name	Address	Type of Action
V	RODOLFO FLORES	31118 MANDOLIN CAY AVE WESLEY CHAPEL, FL 33543	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary).   (Be specific)

_____

_____

_____

_____

_____

_____

_____

_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: 09/11/2009 _____

                                      (date of adoption is required)
Effective date if applicable: 06/30/2009 _____

                                      (no more than 90 days after amendment file date)

Adoption of Amendment(s)   **(CHECK ONE)**

☑ 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 100% _____ "

                (voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
   action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
   action was not required.

Dated 09/11/2009 _____

Signature _____

        (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)

                    MARIA GALVEZ
        _____
        (Typed or printed name of person signing)

                    PRESIDENT
        _____
        (Title of person signing)