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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	HAPPY PEOPLE ONLINE	INC.
DOCUMENT NUMI	BER:	P0900001920	
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning thi	is matter to the following:	
		ONIA I BERRIOS	
	N	lame of Contact Person	
_	HAPI	PY PEOPLE ONLINE	
		Firm/ Company	
	3162 DASHA PALM DR		
	Address		
	KIS	SIMMEE, FL 34744	
	 	ity/ State and Zip Code	
	adm@ha E-mail address: (to be use	appybetterlife.com d for future annual report notification)	
Sonia	n concerning this matter, Demios Contact Person	please call:at (OT)O9Area Code & Daytime Tele	- Q242 phone Number
Enclosed is a check fo	r the following amount m	nade payable to the Florida Departr	ment of State:
☑ \$35 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 Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

HAPPY PEOPLE ONLINE INC.

(Maine of Corporation as currently theu with	the Florida Dept. of State)
P0900001920	STATE OF THE PROPERTY OF THE PARTY OF THE PA
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the fol
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associate	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	3162 DASHA PALM DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE, FL 34744
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 622286
	ORLANDO, FL 32862
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
	11 (535)
Name of New Registered Agent:	
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
hereby accept the appointment as registered agent. I am fami	
Signature of Nav	Registered Agent if changing

Signature of New 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>P</u>	JOSEFINA CALDERON	2851 REDDIT RD ORLANDO, FL 32822	_ □ Add □ ☑ Remove
<u>VP</u>	MARIA MARTINEZ	3098 STILLWATER DRIVE KISSIMMEE, FL 34743	_ □ Add _ ☑ Remove
<u>T</u>	SONIA I BERRIOS	2851 REDDIT RD ORLANDO, FL 32822	_ ☐ Add _ ☑ Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci	change(s) here:	E Additions PAGES
provisio	endment provides for an exchange, recons for implementing the amendment if applicable, indicate N/A)		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MDAD	SONIA I BERRIOS	3162 DASHA PALM DRIVE KISSIMMEE, FL 34744	☑ Add ☐ Remove
MDHD	OMAR D. ENCARNACION	PO BOX 622286 ORLANDO, FL 32862	☑ Add ☐ Remove
MD	MARIA MARTINEZ	PO BOX 622286 ORLANDO, FL 32862	☑ Add ☐ Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Page			
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)			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MD	JOSEFINA CALDERON	PO BOX 622286 ORLANDO, FL 32862	☑ Add ☐ Remove
E. <u>If amen</u> (attach a	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe	er change(s) here: cific)	
			
provisi	nendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)	eclassification, or cancellation of the second in the amendm	of issued shares, ent itself:
<u>.</u>			

The date of each amendment	t(s) adoption: 10/01//2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
sele	ra director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	TOSETING ALDERON (Typed or printed name of person signing)
	(Title of person signing)