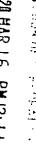
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(Address)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Ар	hex BioCleanse Systems I	ne
DOCUMENT NUMBER:		P10000054526	
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		David J Weaver	
		Name of Contact Perso	
	А	phex BioCleanse Systems	
 		Firm/ Company	
		15 Fishers Rd Ste 111	
-		Address	
Pittsford New York, 14534			34
		City/ State and Zip Coo	le
		dweaver@aphexus.com	m
E-ngi	l address: (10 be u	sed for future annual repor	t notification)
For further information concernic			
David J Weav	er 	at (585	ode & Daytime Telephone Number
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	partment of State:
_	3.75 Filing Fee & tificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303

Articles of Amendment to Articles of Incorporation of

Aphex BioCleanse Systems Inc.

(<u>Name of Corpor</u>	ation as currently	filed with the Florida De	pt. of State)		
	P1000005	4526			
(Doc	cument Number of	Corporation (if known)			
Pursuant to the provisions of section 607, 1006, Flor Articles of Incorporation:	rida Statutes, this <i>F</i>	lorida Profit Corporation	adopts the following	g amene	lment(s)
A. If amending name, enter the new name of the	e corporation:				
	_			_The r	1214
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "h "chartered," "professional association," or the ab	ic," or "Co". A	ompany," or "incorporated professional corporation	l" or the abbreviatio name must contain	n "Corj	7.,
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>					_
					_
					_
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)				
					_
					_
D. If amending the registered agent and/or regis		ess in Florida, enter the n	ame of the		
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent				-	
				_	
	(Florida stre	et address)			
New Registered Office Address:			Florida		_
	16	Tiņ)	(Zip C	(ode)	
New Registered Agent's Signature, if changing F	Registered Agent:			^ 2	
l hereby accept the appointment as registered agen	t. I am familiar w	ith and accept the obligation	ons of the position.	2020 MAR 1	3[A]; !!
				MAR	(E)
				16	量が
Si	gnature of New Re	gistered Agent, if changing		P	380
					200

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		4	
Add			
Remove 3) Remove			
Add			
Remove			
4) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
.5) Change		_	
Add			
Remove			
6) Change			·
Add			
Remove			
		Page 2 of 4	
E. If amending or addit (Attach additional she	ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	

,		
		
		<u></u>
		
		
		
		-
	e, reclassification, or cancellation of issued shares, tent if not contained in the amendment itself:	
		
	Page 3 of 4	
	March 10 2020 (Amarcha and Anthonical Charles	
The date of each amendment(s) adoption:date this document was signed.	March 10,2020 (Amendment to Authorized Shares)	, if other than th
Effective date if applicable:	March 10, 2020 (Amendment to Authorized Shares)	
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffi	-	The number of votes east for the amendment(s)
	-	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) wa	s/were sufficient for approval
by		·"
·	(voting group)	
The amendment(s) was/were adopted action was not required.	ed by the board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators	without shareholder action and shareholder
Dated March 10. 2	020 vz& J. W	ear
(By a direction)	ctor, prosident or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court
		David J Weaver
_	(Typed or pri	nted name of person signing)
		President
(T	itle of person signing)	