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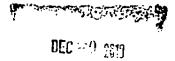
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	GH Capital, Inc.					_
	P14000040179					
DOCUMENT NUMBER:						
The enclosed Articles of Ar	mendment and fee are sub	omitted for filing.				
Please return all correspond	lence concerning this mat	ter to the following:				
Mallory Meredith						
· · · · · · · · · · · · · · · · · · ·	<del></del>	(Name of Contact P	erson)			
Eilers Law Group P.A.						
		(Firm/ Compan	y)			
149 S. Lexington Ave						
		(Address)				
Asheville, North Carolina	28801					
		(City/ State and Zip	Code)		,	
mmeredith@eilerslawgrou	p.com					
	e-mail address: (to be use	d for future annual re	port notil	ication	)	
For further information con	cerning this matter, please	call:				
Mallory Meredith		at	786		273-9152	
	(Name of Contact Person		(Area C	ode)	(Daytime Telephone Nun	nber)
Enclosed is a check for the	following amount made p	ayable to the Florida	Departme	ent of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

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

Street Address

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

GH Capital, Inc.							
Name of Corporation as currently filed with the	e Florida De	pt. of Stat	<u>e</u> )				
P14000040179							
(Досил	nent Number	of Corpor	ation (if k	nown)			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes,	this <i>Flori</i>	da Not Fo	r Profit Corp	oration add	opts the follow	lowing
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>					
Vitana-X, Inc.						Tl	ie new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	<u>e</u> .		corporated	l" or the abbi	reviation "(		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	<u>ible:</u>	N/A			=		
	_		· - <u>-</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<i>BOX</i> ) 1	N/A				<del></del>	_ <u>1</u> 9
	-	•			<u> </u>	—:	060 r.s
D. If amending the registered agent and/or regis			n Florida,	enter the na	me of the	4.	· .
new registered agent and/or the new register		iresa:				:	₹ .
Name of New Registered Agent:	N/A		<u>.                                      </u>			;; <del>,</del> , , , , , , , , , , , , , , , , , ,	, <del>-</del>
New Registered Office Address:		-	(FI	orıda street addr	e33)		
					Florida _		
	<del>-</del>	(City)			(Zip Co	ide)	
New Registered Agent's Signature, if changing Relative hereby accept the appointment as registered agent	Registered Aj it. I am famil	eent: liar with a	nd accept	the obligation	is of the po	sition.	
-	Sign	ature of N	ew Registe	ered Agent, if	changing		<del></del>

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 X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check Onc)	Title	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	Wolfgang Reucker	200 South Byscavne Boulevard Suite 2790
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	<u>PD</u>	Matthias Goeth	Miami, FL 33131  200 South Biscayne Boulevard Suite 2790
Remove 3) Remove	<u>C</u>	Dirk Richter	Miami, FL 33131 200 South Biscayne Boulevard Suite 2790 Miami, FL 33131
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			- 19 DEC -
Remove  E. If amending or addin (attach additional sheet)	g additional Arti ts, if necessary).	Page 2 of 4 <u>cles, enter change(s) here</u> :  (Be specific)	
N/A			· · · · · · · · · · · · · · · · · · ·

<u></u>			
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	Page 3 of 4	74 A	) 19 DEC
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		#2 	29
The date of each amendment(s) adoption:date this document was signed.			
Effective date <u>if applicable</u> :	han 90 days after amendment file da		

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
William Bollander
(Typed or printed name of person signing)
Chief Executive Officer
(Title of person signing)

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