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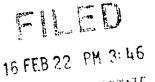
FEB 2 4 2016 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: @SOYSALUDAB	LE INTERNATIONAL CO	ORP				
DOCUMENT NUMB	ER: P15000001691						
	f Amendment and fee are su	bmitted for filing.					
Please return all corresp	nondence concerning this ma	tter to the following:					
	ENRIQUE ORTIZ RICCI						
-		Name of Contact Person					
:	INTEGRAL BUSINESS ADVISORY LLC.						
-	Firm/ Company						
	11068 NW 87th LANE						
-		Address					
	DORAL, FL 33178						
-		City/ State and Zip Code)				
eortiz(@integralbusinessadvisory.co	om					
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	concerning this matter, pleas	e call:					
ENRIQUE ORTIZ RIC	CCI	786 at (417-3932				
Name o	f Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:				
S35 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)				
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

Articles of Amendment Articles of Incorporation



@SOYSALUDABLE INTERNATIONAL CORP.

P15000001691

its Articles of Incorporation:

SOY SALUDABLE CORP.

(Name of Corporation as currently filed with the Florida Dept of State) (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 A. If amending name, enter the new name of the corporation: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: ENRIQUE ORTIZ RICCI Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent: nd accept the obligations of the position. I hereby accept the appointment as registered egent. I am familiar w Signature of If changing

11068 NW 87th LANE

DORAL

New Registered Office Address:

(Florida street address)

(City)

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 Jon	<u>eş</u>				
X Add	<u>sv</u>	Sally Smi	ith				
Type of Action (Check One)	<u>Title</u>	<u>]</u>	Na <u>me</u>			Address	
1) Change				 			
Add							
Remove							
2) Change				 			
Add							
Remove							
3) Change				 ,			
Add							
Remove							
4) Change				 			
Add							
Remove							
5) Change				 			
Add							
Remove							
6) Change							
Add							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remove					,		-

(Atta	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific) 47-2722370
NEW I	E-MAIL ADDRESS: eortiz@integralbusinessadvisory.com
	
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-	
f. <u>If a</u> pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	FEBRUARY 15, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	5)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	31
	re adopted by the incorporators without shareholder action and shareholder	
action was not required.	$A \longrightarrow A$	
FEBI	RUARY 14. 2016	
Dated	11 consort Wan	
Signature _	MUSICIO	
I)	3 a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator — it in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	1
(**		
	SAMARYORDE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	