## P15000034397

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## COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	RATION:		
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Andres E Ayesta		
		Name of Contact Person	1
		Firm/ Company	
	7804 N Jamaica St		
		Address	
	Tampa, FL 33614		
		City/ State and Zip Code	2
	andres@planosnutrition.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Andres Ayesta		at ( 813	604-0958
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section		Amend	Address ment Section
	sion of Corporations		n of Corporations entre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## Articles of Amendment

to Articles of Incorporation

FILED

to

Vive Nutrition Inc		2021 JAN 27	PM 2: 26	
(Name o	of Corporation as currentl	v filed with the Florida De	ept. of State)	
P15000034397	SECRETARY OF STATE TALL AHASSEE, FI			
	(Document Number o	f Corporation (if known)	3755, ft	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen	
A. If amending name, enter the new na	ime of the corporation:			
Planos Nutrition Inc			The new	
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co". A	1 professional corporation	l" or the abbreviation "Corp.,"	
B. Enter new principal office address, i Principal office address MUST BE A S		N/A		
Trincipal Office address Stog F BE A 3	TREET ADDRESS )			
		<del> </del>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		
(Maning unavess MAT BEAT OST	OTTICE BOA			
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the n	ama of the	
new registered agent and/or the new			ant of the	
Nama of Nau Pagistary August	N/A			
Nume of New Registered Agent			· · · · · · · · · · · · · · · · · · ·	
	(Florida str	cat address)	<del></del>	
		cer day		
New Registered Office Address:		(City)	, Florida	
		(City)	(Zip Code)	
Name of New Registered Agent  New Registered Office Address:	(Florida str.	cet address) (City)	<del></del> '	
ew Registered Agent's Signature, if cl				
hereby accept the appointment as registe	ered agent. I am familiar v	with and accept the obligation	ons of the position.	
<del></del>	Signature of Nov. D	agistored Agant if sharning	<del></del>	
	Signature of New R	egistered Agent, if changing	<b>)</b>	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	PT	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		<u>.</u>		
Add				
Remove				

	tional sheets, if nee	cessary). (Be	e specific)			
N/A						
			<u>.                                    </u>			
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			reclassification,	or cancellation of is	sued shares,	
F. <u>If an a</u> mend	lment provides fo	<u>ir an exchange</u>				
provisions	lment provides fo for implementing	g the amendm	ent if not containe	d in the amendmen	t itself:	
provisions	lment provides fo for implementing applicable, indicat	g the amendm	ent if not containe	d in the amendmen	t itself:	
provisions (if not a	for implementing	g the amendm	ent if not containe	d in the amendmen	t itself:	
provisions (if not a	for implementing	g the amendm	ent if not containe	d in the amendmen	t itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	······································
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	lder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
the shareholders	
(voting group)	
01/01/2021 Dated	
Signature <u>Andres Ayesta</u> (By a director, presiden of other officer – if directors or officers have n	not been
selected, by an incorporator - if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
Andres Ayestra	
(Typed or printed name of person signing)	
President	

(Title of person signing)