P15000073618

(Requestor's Name)				
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SECRETARY OF STATE

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~C. CARROTHERS

SECONDARY.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HEALTHY BITE I	FOR LIFE CORP			
DOCUMENT NUMB	ER: P15000073618				
	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
	Amanda Jaramillo				
-	Name of Contact Person				
;	.A ACCOUNTING SERVICE	CES INC.			
-	······································	Firm/ Company			
!	3249 NW 36 ST # 209 A				
	Address				
1	MIAMI, FL 33166				
-		City/ State and Zip Code			
amand	ajara@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas		,		
Name o	f Contact Person	at (Area Co)de & Daytime Telephone Number		
	the following amount made				
\$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

•	OI			
HEALTHY BITE FOR LIFE CORP				
(Name of Corporation	n as currently filed with the Flo	rida Dept. of State)		
P15000073618				
(Docume	ent Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corp</i>	oration adopts the followi	ng amen	dment(s) to
A. If amending name, enter the new name of the cor	poration:			
			The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	""Inc," or "Co". A profession	"incorporated" or the a al corporation name must	abbrevia	tion
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)			
			25 C -	2016
				
C. Enter new mailing address, if applicable:	Pi.		AS	B 22
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	9		100 mg	_ / ^
			<u> </u>	
			93	1.9
			Dt.	2 0
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		er the name of the		
Name of New Registered Agent			_	
			_	
	(Florida street address)			
New Registered Office Address:	(7)	, Florida	<i>C</i> 1)	
	(City)	(Zıp	Code)	
New Registered Agent's Signature, if changing Regis	stered Agent			
I hereby accept the appointment as registered agent. I		obligations of the position.		
	•			

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)

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change		MICHEL A DOUAIHY LEON	1900 SANS SOUSI BLVD,	
Add			APT 411	
X Remove			NORTH MIAMI, FL 33181	
2) Change	S	MARIA D FIERRO	1900 SANS SOUSI BLVD.	
Add			APT 411	
X Remove			NORTH MIAMI, FL 33181	
3)Change				
Add		•		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			- <u></u>	
Remove				

The date of each amendment(s) adoption:	February 11, 2016	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by		
(voting group)	
The amendment(s) was/were adopted by to action was not required.	he board of directors without shareholder action and shareholder	
action was not required.	he incorporators without shareholder action and shareholder	
Dated Feb Y.Vary Signature X	18, 2016	
Signature W		
selected, by an i	resident or other officer – if directors or officers have not been neopporator – if in the hands of a receiver, trustee, or other court	
appointed fiduct	ary by that fiduciary)	
MARIA	A G TOVAR	
	(Typed or printed name of person signing)	
P		
 -	(Title of person signing)	