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To:

Division of Corporations

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: (850)617-6380

From:

Account Name

: HISPANUSA INC Account Number : I20070000099

Phone Fax Number : (954)478-2706

: (954)934-0334

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R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HEALTH KETING INC

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COVER LETTER

Division of Corp					
NAME OF CORPO	RATION: HEALTH KETIN	G INC			
	BER: P16000092719				
The enclosed Articles	s of Amendment and fee are s	abmitted for filing.			
Please return all come	espondence concerning this ma	atter to the following:			
	CARLOS F. PORRES ORE	LLANA			
		Name of Contact Perso	n		
	PRESIDENT				
		Firm/ Company			
	9708 NW 70TH ST				
		Address			
	TAMARAC FL 33321	,			
		City/ State and Zip Cod	e		
info@	Dhispanusainc.com				
48	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
CARLOS F. PORRES	S ORELLANA	at (934-0194		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Cortificate 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		Amend Divisio	Address ment Section n of Corporations Building		
		2441011	 0		

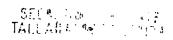
Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

P. 003

16 DEC -6 AM 9: 34

Articles of Amendment to Articles of Incorporation



	of	
	HEALTH KETING INC	
(Name of Corpora	tion as currently filed with the F.	lorida Dept. of State)
	P16000092719	,
(Docu	iment Number of Corporation (if ki	nown)
rsuant to the provisions of section 607,1006, Florid Articles of Incorporation:	da Statutes, this <i>Florida Profit Con</i>	poration adopts the following amendmen
If amending name, enter the new name of the c	corporation:	
ALTHKETING INC		The new
me must be distinguishable and contain the wo lorp.," "Inc.," or Co.," or the designation "Corp rd "chartered," "professional association," or the	p, "'Inc," or "Co". A profession	or "incorporated" or the abbreviation
Enter new principal office address, if applicable incipal office address <u>MUST BE A STREET AD</u> .	le: DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	
	V	·
		
If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, ent office address:	ter the name of the
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent New Registered Office Address:	(Florida street address)	, Plorida

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.

X Change	PT	John Doc	
X Romove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	·		——————————————————————————————————————
Remove		•	
5) Change			
Add			
Remove			
S)Change			_
Add			
Remove			

P. 005

	(Be specific)
,	
,	
<u>. </u>	
· .	
	
(an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
provisions for implementing the amer	idment if not contained in the amendment itself:
provisions for implementing the amer	idment if not contained in the amendment itself:
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provisions for implementing the amer	idment if not contained in the amendment itself:
provisions for implementing the amer	idment if not contained in the amendment itself:

ww	11/18/2016	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.	11110/0016	
Effective date if applicable:	11/18/2016	
<u> </u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment re sufficient for approval.	(s)
	e approved by the shareholders through voting groups. The following statem d for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,	
· ,	(voting group)	
action was not required,	e adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder	er
-	12016 Simpunt	·
(B ₇	or a director, president or other officer — if directors or officers have not been coted, by an incorporator — if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	rt
	CARLOS E. PORRES ORELLANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	