P17000079124

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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Folium Health, Inc.	•			
DOCUMENT NUMBER: P17000079124				
The enclosed Articles of Amendment and fee are suit	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Luis Fernando Yeaza				
	Name of Contact Person			
Folium Health, Inc.				
	Firm/ Company			
17900 Gulf Boulevard, Unit 1	7C			
	Address			
Redington Shores, Florida 33	Redington Shores, Florida 33708			
City/ State and Zip Code				
lfs_ycaza@hotmail.com / てへい	ECOEHEALTHOG MAIL TOM .			
E-mail address: (to be used for future annual report notification)				
C-man accises, to oc to	to to take a state report to the same			
For further information concerning this matter, please call:				
Luis Fernando Yeaza at (813) 451-8646 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status	Certified Copy (Additional copy is chelosed) \$\int \frac{1}{2}\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

PARCHA LANGE CONTRACTOR CONTRACTO	
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Folium Health, Inc.	<u> </u>	
(Name of Corporation as curren	nity filed with the Florida Dept. of State)	
P17000079124		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incurporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	17900 GULF BOOLEVALUD	
(Principal office address MUST BE A STREET ADDRESS)	DPT # 17C	
	PEDINERN GHORES FL 33708	
(Mailing uddress MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent LUIST VCA	150	
17900 60F	BOUTYS2,17C	
·		
New Revistered Office Address: ZEOINE FON GONES, Florida 33708 (City) (Zip Code)		
	(-7 - 7	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	16; r with and accept the obligations of the position.	
<u>LO</u>		
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 Sully Smith, SV as an Add.

X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Viveka Ycaza	1100 Tortuga Circle Northeast
Add			St. Petersburg, Florida 33702
x Remove			
2) Change	D	Paul Trauger	107 County Road
Add			Reading, MA 01867
x Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Reniove			
б) Сһалgс			
Add			
Remove			

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an amendment provides for an exch- roylsions for implementing the amer (if not applicable, indicate N/A)	ange, reclassificat adment if not con-	ion, or cancella mined in the ma	ition of issued s rendment itself	hares.	
					
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		· · · · · · · · · · · · · · · · · · ·			

	April 16, 2018	20 .0 .0 .0
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	1 16, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amer flicient for approval.	ndment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	g statement (S):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	•
by	."	
•	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/were add action was not required.	pred by the incorporators without shareholder action and shareholder	older
Dated A-Di	il 16, 2018 Junta Cetal.	
(By a d	irector, president or other officer - if directors or officers have n	ot been
scleete	d, by an incorporator - if in the hands of a receiver, trustee, or of	ther court
арроів	ted fiduciary by that fiduciary)	
	Vivela lcaza	
	(Typed or printed name of person signing)	
	President_	
	(Title of person signing)	