P180000080910

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____ Vitalizer Americas Inc. DOCUMENT NUMBER: P18000080910 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stefan Muehlbauer Name of Contact Person Vitalizer Americas Inc. Firm/ Company 225 Banyan Blvd, Suite 220 Address Naples, FL 34102 City/ State and Zip Code sm@spgroupe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 3072921

Area Code & Daytime Telephone Number Stefan Muehlbauer Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Vitalizer Americas Inc.			
(Name of Corporation as	s currently filed with the Florida D	ept. of State)	
P18000080910			
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporatio</i>	n adopts the following ar	nendment(s) to
A. If amending name, enter the new name of the corpor	ration:		
HERO Wellness Systems Inc.			е нет
name must be distinguishable and contain the word "c "Carp.," "Inc.," or Co.," or the designation "Corp.," ") word "chartered." "projessional association," or the abb	Inc," or "Co". A professional corp	orporated" or the abbro poration name must con	eviation tain the
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)		.
			<u> </u>
C. Enter new mailing address, if applicable:		n n	- 177
(Mailing address MAY BE A POST OFFICE BOX)			
		유럽 역	
		000 a	3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	office address in Florida, enter the ce address:	name of the	
	(Florida street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)	(Zip Coo	le)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obliga	tions of the position.	
Signatur	re of New Registered Agent, if change	ing	

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 Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			19 ALL
2) Change			- 2 2 7
Add			SSS 26
Remove			
3) Change			COTA P
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)			
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. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	REC	di)	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	\triangleright	F *	
(y noi applicable, maleule (v.A)				
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder:	- 6.
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	FIL APR 26
4/24/2011 Dated		AM 8: 8
Signature		
selec	director, president or other officer – if directors or officers have not been ded, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	·, -
	Stefan Muehlbauer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	.