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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: HAPPY EARTH I	INC	
DOCUMENT NU	P10000000103		
The enclosed Articl	es of Amendment and fee are st	abmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	OSWALDO BRUZUAL		
		Name of Contact Perso	on .
	HAPPY EARTH		
		Firm/ Company	
	1825 CAPSTONE DRIVE		
		Address	-
	AUSTIN TX 78739		
		City/ State and Zip Coc	le
my	happycarthshop@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
		50 0.117	
OSWALDO BRUZUAL		at (6518006
Name of Contact Person Area Code & Daytime Teleph			ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

N/A	Happy	Paither			
(Name of		filed with the Florida Dep	t. of State)		
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Torida Profit Corporation ac	dopts the follo	owing amer	idment(s) to
A. If amending name, enter the new nar	ne of the corporation:				
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	20". A professional corpore	orated" or th ttion name m	The e_abbrevic ust_contain	ution
B. Enter new principal office address, if	`applicable:	8286 NW 56TH STREET			
(Principal office address MUST BE A ST.		DORAL FL 33166	-		
					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	<u>_</u>	2019 ਤ <u>ਦ</u> ਹ	_
				SEP	- 110 - 110
			HAS	17	THE A. IS
D. If amending the registered agent and new registered agent and/or the new	or registered office address:	ess in Florida, enter the nan	C/1	PH 3:	and gr
	N/A		;== <u>;</u>	55	
-	El 11				
Now Registered Office Address	(Florida stre	et address)	(2)		
New Registered Office Address:		City)	, Florida <i>G</i>	Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	nging Registered Agent: red agent. I am familiar w	ith and accept the obligations	s of the positie	m.	
	Signature of New Re	gistered 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; CFO = 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	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DM	OROZCO LEON, EDUARDO A	7825 NW 107TH AVENUE
XX Add			APT 212
Remove			MIAMI FL 33178
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

attach additional sheets, if necessary)). (Be specific)			
		-		
				
				
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		<u>- </u>		
an amendment provides for an ex- provisions for implementing the am	enange, reclassification tendment if not contain	, or cancellation of is ed in the amendment	sued shares, itself:	
(if not applicable, indicate N/A)				
	- -			<u> </u>
		 _		
				_

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The date of each amendmen date this document was signed		, if other than the
date this document was signed	SEPT 12, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	.
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes east for the amendme were sufficient for approval.	ent(s)
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder.	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated <i>O</i>	19/12/2019	
Signature		
(F so	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other elected fiduciary by that fiduciary)	en
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	

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