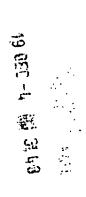
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**NAME**: VITANA-X, INC.

TYPE OF FILING: AMENDMENT

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Vitana-X, Inc.		
	IBER: P19000014102		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Mallory Meredith		
	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	Name of Contact Persor	1
	Eilers Law Group P.A.		
		Firm/ Company	
	149 S. Lexington Ave		
	<del></del>	Address	
	Asheville, North Carolina 28	801	
		City/ State and Zip Code	<u></u>
	121 6 21 1		
mn	neredith@eilerslawgroup.com	- Con Colombia	
	n-man address; (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Mallory Meredith		at ( <sup>786</sup>	273-9152
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

Vitana-X, Inc.		
(Name of Corporation as co	urrently filed with the Florid	a Dept. of State)
P19000014102		
(Document Nu	mber of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:	
Vitana Distributions, Inc.		The new
name must be distinguishable and contain the word "corporati" Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corpora	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	)	<b>20</b>
C. Enter new mailing address, if applicable:	N/A	The second secon
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u>"                                    </u>
	<del></del>	72
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the
Name of New Registered Agent	<del>.</del>	
Name of New Registered Agent		
(Flo	orida street address)	
	·	P1 1.
New Registered Office Address:	(City)	. Florida <u>(Zip Code)</u>
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		gations of the position.
	,	, , , , , , , , , , , , , , , , , , ,
Signature of	New Registered Agent, if chan	aina

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Christian Ghenta	PO Box 310367 PMB 11660
Add			Miami, FL 11660
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			
		Page 2 of 4	
E. If amending or additional she	ng additi rets, if nee	ional Articles, enter change(s) here: cessary). (Be specific)	
N/A	. ,	**	

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		· · · · · · · · · · · · · · · · · · ·
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		<del></del>
F. If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)  N/A	ige, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		<del></del>
		<del></del>
	<del></del>	
		-
	Page 3 of 4	
The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendm	ent(s) ( <u>CHECK ONE</u> )
amendment(s) by the s  ☐ The amendment(s)  statement	was/were adopted by the shareholders. The number of votes cast for the hareholders was/were sufficient for approval, was/were approved by the shareholders through voting groups. The following provided for each voting group entitled to vote separately on the amendment(s):
"The number of	of votes cast for the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
☐ The amendment(s) vaction was not requi	was/were adopted by the board of directors without shareholder action and shareholder red.
action was not requi	12/04/2019
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Matthias GOETH
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)