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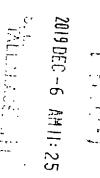
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AE HE	ALTHY GAR	DEN INC	
DOCUMENT NUMBER: P190000212			
The enclosed Articles of Amendment an	d fee are subm	itted for filing.	
Please return all correspondence concert	ning this matter	to the following:	
ARTYOM SAHA	KYAN		
	.	Name of Contact Persor	<u> </u>
AE HEALTHY (SARDEN INC		
		Firm/ Company	
21055 YACHT C	LUB DR APT	1204	
		Address	
AVENTURA, FL	. 33180		
		City/ State and Zip Code	2
AXPERSS@YAHOO.0	ЮМ		
•		for future annual report	notification)
For further information concerning this	natter, please o	eall: at (at	673-1040
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following an	ount made pay	able to the Florida Depa	riment of State:
■ \$35 Filing Fee □\$43.75 Fil Certificate		S43.75 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 Corporation P.O. Box 6327 Tallahassee, FL 3231-		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AE HEALTHY GARDEN INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P19000021285	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	
C. Enter new mailing address, if applicable:	′ 2
(Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
	~ ~
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
	am familiar with and accept the obligations of the position.
Signai	ture 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 = ChiefExecutive 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ELENA CHABALINA	21055 YACHT CLUB DR
Add			AVENTURA, FL 33180
X Remove			
2) Change	<u>T</u>	CALEB DAVID STARK	1430 NW 10TH STREET
Add			HOMESTEAD, FL 33030
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
		ional Articles, enter change(s) here:	

	
	
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E. If an amount month of for an analysis in the second shapes	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
(i) not approxime, maxime some	
	
Page 3 of 4	
rage out 4	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
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 Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_12/02/20)19
selec	a diversor president or other officer = If directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	ARTYOM SAHAKYAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)