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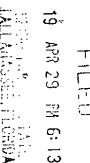
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MAY 1 0 2019 S. YOUNG



<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: KARICIC ENTERPRISES INC
DOCUMENT NUMBER: 7 19000 32964
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashley E. RARICK
AShley E. RARICK Name of Contact Person Ayyrvedic VitaLity
913 N/E 26 AVE
POMPANU BEACH FL 33062-4438 City/ State and Zip Code
AGURVEDICVITACITYLIVING A COMPIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASHUEY E RADICK at (707) 540-5482 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:
Enclosed is a cheek for the following amount made payable to the Florida Department of State.
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

* ***

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment

to

Art	ticles of Incorporation
KARICK E	NTERPRISES INC
(Name of Corporation :	as currently filed with the Florida Dept. of State)
¥ 190000 35	1964
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	$\overline{\mathcal{N}}/\mathcal{A}$
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	The new corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	POMPANO BEACH
	FL 33062-4438
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PUMDANO ZRACH
	FL 33062-4438
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	NIA
New Registered Office Address:	(Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Tun	n)/A
Signatur	re 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 Sally Smith, SV as an Add.

Example: X Change	PT John		
X Remove	<u>V Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Khange	<u>LED</u>	Ashley KARICK	DOM DANG BEACH
Add			DOM PANO BEACH
Remove			FL 33062-4438
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			****
Add			
Remove			
c) 01			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CEO NAME WAS MISS SMOKEN
LEO NAME WAS MISS Spelled WAS spelled ASHEY SHOULD be ASHLE
ALSO Address WAS correct except the #8 WAS Left Off Zip Code WAS 33062-443 Should be 33062-4438
WAS 33062-443 Should be 33062-4438
ALSO PLEASE AND EIN # 83-4481773
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)

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: 19, 2019 (no more than 90 days after amendment file date)
(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) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated April 22, 2019
Signature Ashly Rack
(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)
ASHLEY E. RARICK
(Typed or printed name of person signing)
PRESIDENT-CEU
(Title of person signing)