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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE HELATHY PRODUCTS CORP			
DOCUMENT NUMBER: P1900051868			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:			
2	\wedge		
OSCAR DELGADO Name of Contact Person			
	Name of Contact Person		
THE HELATHY PRODUCTS CORP.			
Firm/ Company			
17435 89TH PLACE MORTH			
Address			
LOXAHATCHE	EE, FL 33470		
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
OSCAR DELGADO	at (<u>561</u>) <u>805 - 110 [</u> 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:			
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
Tallahassee, FL 32314	Cliffon Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

of

THE HELATHY PROD	UCTS (OP-P.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000051868	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	_
BIOFUXIO	N CORP. The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	17435 89TH PLACE NORTH LOXAHATCHEE, FL 33470
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	17435 89TH PLACE - LORTH LOXAHATCHEE, FL 33470
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent OSCAR DELGADO	
17435 39 (Florida su New Registered Office Address: LOXAHA)	PUACE MORTH.
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	: with and accept the obligations of the position.
Signature of New F	egistered 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) <u>X</u> Change	P	OSCAR DELGADO	17435 8914 RACE NORTH
Add			LOXAHATCHLE, PL33470
Remove			
2) Change		MATHALIE DELGADO.	500 NW 141 AVE
X Add			APT 11Z
Remove			PEMBROKE PINES, FL 33028
3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional sh</i>	ing additional Artic eets, if necessary).	(Be specific)	s) nete.		
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n amendment p	<u>rovides for an excha</u>	ange, reclassificat	<u>ion, or cancellati</u>	<u>on of Issued sha</u>	res,
<u>visions for imp</u>	lementing the amen	<u>idment if not cont</u>	<u>ained in the ame</u>	ndment itself:	
(if not applicat	ole, indicate N/A)				
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The date of each amendment(s) adoption: _ late this document was signed.	7/8/2019	, if other than the
Effective date if applicable:	(no more than 90 days after amen	idment file date)
Note: If the date inserted in this block does document's effective date on the Department of		ing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting group g group entitled to vote separately of	s. The following statement the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for ap	pproval
by	oting group)	<u> </u>
(Ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without sharehold	der action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder a	ction and shareholder
Dated	2-7019	
(By a director, pre	esident or other officer – if directors of corporator – if in the hands of a receive	
	ry by that fiduciary)	er, ausice, of outer court
	OSCAR DELGADO)
	(Typed or printed name of person sig	gning)
	PRESIDENT	
	(Title of person signing)	