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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TRUE	HEALTH IN	TERNATIONAL	Promotions	INC
DOCUMENT NUMBI	TRUE R: P 20	0000 299	प प		
	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	Benjar	Name of Contact Person	monte		•
_		Name of Contact Person	1	- 	
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	4073 AB	ACO DR.			
		Address	<u> </u>		
	TAVARES,	ACO DR. Address FL 32778 City/ State and Zip Code			
_		City/ State and Zip Cod	e ·	· ·	
		nTe 40 @			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Benjam.	Velmnte Contact Person	at (8 6 3	399-935	3	
Name of	Contact Person	Area Co	de & Daytime Telephor	e Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	•	,
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)	S .	
	ng Address dment Section		Address Iment Section		
	on of Corporations		on of Corporations		
	3ox 6327	The C	entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

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to

True Itealth En	v Fernat,	mal F	romo Tien	1 N C. 797	1 ##1-3 AM 8:2
(Name o	Corporation as	currently fi	ed with the Flo	rida Dept. of State)
P 20	0000 1	9944			
	(Document]	Number of Co	rporation (if kno	wn)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Stat	tutes, this <i>Flo</i>	ida Profit Corp	oration adopts the f	ollowing amendment(s
A. If amending name, enter the new na	me of the corpo	ration:			
					The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association,"	orp," "Inc," or	"Co". A pi			
B. Enter new principal office address, it			4073	Abaco D	R
(Principal office address MUST BE A ST	<u>REET ADDRES</u>	<u>v</u>)	TAVAR	Es, FL 3:	2778
		-			
C. Enter new mailing address, if applic (Malling address MAY BE A POST O		_	4073	Abaco	DR.
	·		TAVA	US, FL 3	2778
D. If amending the registered agent and new registered agent and/or the new			in Florida, ente	r the name of the	
Name of New Registered Agent	4673	ALAC	a De		
· -		Florida street	ddwaal		
	Tovar	AT	au ess)		7
New Registered Office Address:		(City		, Florida_	32778 (Zip Code)
		(C#)	9		(24) Cose)
New Registered Agent's Signature, if ch. I hereby accept the appointment as register	anging Register red agent. I am	ed Agent: familiar with	and accept the o	bligations of the po	sition.
	NA				
-	Signature	of New Regis	ered Agent, if ch	anging	
Check if applicable The amendment(s) is/are being filed pure	rsuant to s. 607.0	0120 (11) (e),	F.S.		

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NA	
Add		/	
Remove			
2) Change			
Add		j	
Remove 3) Change			
Add			
Remove			
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Add			
Remove			·
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Remove		, /	
6) Change			·
Add		,	
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not applicable, indicate N/A)	endment itself:
W/A	
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			does not meet the ap ment of State's record		ng requirements, thi	s date will not be li	sted as ti
Adoption of	Amendment() ·	(CHECK ONE)				,
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		_	by the shareholders. ent for approval.	The number of votes	cast for the amendm	cati(s)	
			••			•	
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