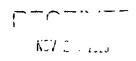
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WELLNESS VITT	`A CORP				
DOCUMENT NUM	P20000084335					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	GOMEZ, JUAN A					
	Name of Contact Person					
	WELLNESS VITTA CORP					
	Firm/ Company					
	2050 BEACON LANDING	CIR				
	Address					
	ORLANDO, FL 32824					
		City/ State and Zip Code	e e			
	JUANGCH@3JPROJECT.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:				
JUAN A GOMEZ		at (⁴⁰⁷	7563835			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 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 Taltahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 essee, FL 32303			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dent of State)
	thed with the Florida Dept. of State)
20000084335	
(Document Number of O	Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> Articles of Incorporation:	Torida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
ELLNESS VITTA CORP	The new
me must be distinguishable and contain the word "corporation," "conc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
	~
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ယ
(Mulling duaress MAT BE A TOST OF THE BOX)	
	<u></u>
If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ttach additional sheets	;, if necessary).	(Be specific)				
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<u>an amendment provi</u>	ides for an exch	ange, reclassifica	ation, or cancell	ation of issued	shares,	
rovisions for implem (if not applicable, i	enting the ame:	ndment if not co.	ntained in the a	mendment itse	e <u>lf:</u>	
(ij noi uppheasie, i	marcure 14711)					
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					.	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recor	pplicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators action was not required.	s, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes east for the amendment(s) wa	s/were sufficient for approval
by	, w
by	
selected, by an incorporator – if appointed fiduciary by that fiduc	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary) A. Monday
(Typed or prin	nted name of person signing)
(: 7 p = - 2 p ·	D
	Y
(Title of perso	on signing)